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ABSTRACT

THIRTY-NINE SELECTED PARTICIPANTS REPRESENTING 21 STATES AND PUERTO RICO AND INCLUDING DIRECTORS AND CONSULTANTS IN HOMEMAKER-HOME HEALTH AIDE AGENCIES AND VOCATIONAL-TECHNICAL HOME ECONOMICS EDUCATORS PARTICIPATED IN THE 2-WEEK WORKSHOP IN JULY 1968 AT RUTGERS UNIVERSITY. THE OBJECTIVES WERE TO DEVELOP PLANS TO IMPROVE AND EXPAND PROGRAMS TO TRAIN HOMEMAKER-HOME HEALTH AIDES AND TO DEMONSTRATE ABILITY IN USING THE RESOURCE GUIDE, "HOMEMAKER-HOME HEALTH AIDES--TRAINING MANUAL." APPROXIMATELY HALF THE TIME WAS DEVOTED TO METHODOLOGY, FIELD TRIPS, AND GROUP DYNAMICS APPROPRIATE TO REINFORCING LEARNING EXPERIENCES RELATED TO THE CONTENT OF THE TRAINING GUIDE. EACH PARTICIPANT SUBMITTED A PROJECTED PLAN FOR INTERAGENCY COOPERATION AND COORDINATION IN EXPLORING COMMUNITY NEEDS AND EXISTING PROGRAMS AS A BASIS FOR INITIATING AND/OR EXPANDING HOMEMAKER-HOME HEALTH AIDE SERVICES AND TRAINING PROGRAMS. CONCLUSIONS DRAWN FROM FOLLOW-UP AND EVALUATION INDICATE THAT THE GREATEST PROGRESS AS A RESULT OF THE WORKSHOP WAS INITIATION OF INTER- AND INTRA-AGENCY DIALOGUE AND CONTACTS. AMONG APPENDIXES ARE SUMMARIES OF FORMAL PRESENTATIONS, COPIES OF EVALUATION INSTRUMENTS, OUTLINES OF PROJECTED PLANS OF PARTICIPANTS, AND A LISTING OF REFERENCES AND RESOURCE MATERIALS. (JK)

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WORKSHOP ON PROGRAM DEVELOPMENT FOR TRAINING HOMEMAKER-HOME HEALTH AIDES

July, 1969

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Workshop on Program Development for Training Homemaker-Home Health Aides

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New Brunswick, New Jersey

July, 1969

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SUMMARY

Thirty-nine selected participants were involved in the two-week non-credit workshop, July 1-12, 1968, on Douglass Campus, Rutgers University, representing twenty-one states and Puerto Rico. Professionally the participants were (1) directors and consultants Homemaker-Home Health Aide Agencies, (2) vocational-technical home economics education consultants, coordinators and supervisors, and (3) home economics classroom teachers and coordinators of home economics related occupational programs at secondary and adult levels.

The content and procedures of the two-week workshop were planned for participants, resource persons, and consultants to work together so that they might:

1. develop plans to improve and expand programs to train homemaker-home health aides, and
2. demonstrate ability in using the resource guide, Homemaker-Home Health Aides - Training Manual.

Experiences during the two-week workshop, July 1-12, 1968, included orientation to the recently developed resource guide, Homemaker-Home Health Aides - Training Manual, and the development of beliefs and a basic philosophy of the role of homemaker-home health aide services to families in times of stress or crisis situations. Approximately one-half the time of the workshop sessions was devoted to methodology, field trips, and group dynamics appropriate to reinforcing learning experiences related to the content of the training guide. Opportunities for coordination with vocational-technical educators for promoting and expanding training programs was emphasized. Each participant submitted a projected plan for interagency cooperation and coordination in exploring community needs and existing programs (if any) as a basis for initiating and/or expanding homemaker-home health aide services and training programs.

Evaluation concentrated on the desired outcomes of the ten all-day workshop sessions. Measurement of attitude change during the concentrated experience in relation to the status and limitations of the trained worker, impact of federal legislation, interrelationships with community agencies and professional personnel and the learning process, was based on a Likert-type scale and a semantic differential attitude measuring device.

The extent to which workshop objectives as expressed by participants were met and total effectiveness of the workshop were judged by participant response on checklists at intervals during the sessions. The comfort of the arrangements and facilities available for the participants was surveyed early during the workshop sessions and adjustments made to the extent possible.

The two attitude scales used with the workshop participants and the control group supported the alternative hypothesis that attitudes toward the field of homemaker-home health aides were changed as a result of the two week workshop. The sum change of attitude about twenty statements on the Likert-type scale was ranked and analyzed by the Mann-Whitney U test. The test yielded a value which permitted rejection of the null hypothesis at the .002 level.[1] The semantic differential attitude measuring device was analyzed by the Chi Square method.[2] The alternative hypothesis was accepted with two degrees of freedom at the .01 level of significance.

Follow-up six months later, January, 1969, consisted of reports on progress made on projected plans in terms of interagency and intra-agency contacts, training programs initiated and/or expanded, and adaptation and use made of the training guide. The Director and Administrative Assistant made follow-up visitations in January, 1969, to eleven participants in ten states participating in interagency meetings and promoting coordination and cooperation with vocational-technical educators interested in home economics related occupational programs.

A significant change in attitudes of the participants during a concentrated two week workshop was indicated as a result of comparing responses of participants to non-participating control group members. Thirty-five participants (90%) indicated that their personal and professional objectives in attending the workshop had been achieved and follow-up reports six months later indicated that those reporting (92%) had been motivated to make many inter- and intra-agency contacts (1498), initiate 36 programs, expand 68 programs, propose 77-82 programs, and to share the training manual with 687 people and an additional 16 groups and in 58 counties of which the number of people were not identified.

Conclusions drawn from follow-up and evaluation indicate that the greatest progress as a result of the workshop was in initiating inter- and intra-agency dialogue and contacts which is basic to initiating and promoting and/or expanding training programs. A limited number of new training programs were initiated in coordination with vocational-technical (home economics) educators. Additional programs were reported to have been expanded through the joint efforts of health and welfare agencies, both public and private, some in coordination with vocational-technical educators. In many states interagency funding and placement of trainees is severely handicapped by the specificity of laws and regulations governing the services that trainees can give. Rigidity in placement procedures and supervisory requirements in many states are deterrents to coordinated efforts even between health and welfare agencies.

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[1] The normal deviate $Z = 3.18$.

[2] $X^2 = 9.73$.

INTRODUCTION

The term "homemaker-home health aide" denotes a service worker at the sub-professional level whose function is to maintain and safeguard family life in a home disrupted by illness or any of a host of many crises which may beset families with children, the aging, convalescent, chronically ill, physically handicapped, or socially and economically disadvantaged who might otherwise have to be cared for in out-of-home facilities. It has been estimated that approximately 200,000 homemaker-home health aides are needed now and there are presently fewer than 10,000 throughout the country.

Traditionally, homemaker-home health aides are trained by public or voluntary health oriented and/or welfare oriented agencies. A significant direction for promotion and expansion of training programs for homemaker-home health aides is through vocational education programs for potential high school drop-outs, out of school youth, and adults in comprehensive high schools and area vocational schools at the secondary level, where it seems appropriate for this age group, and at the post-secondary level in community colleges or vocational-technical schools (13th and 14th years).

The underlying purpose of the workshop, when proposed, was to provide an opportunity for professionals in health oriented services, welfare oriented services, and vocational education services and for leaders responsible for or participating in homemaker-home health aides service programs to explore ways of meeting (1) the spiraling demand at all socio-economic levels for trained workers in this field, (2) the closely allied need for training program development and expansion across the country, and (3) the needs of a large number of adult women job seekers in the labor force from socio-economically disadvantaged groups and from the roles of welfare clients.

Specifically, workshop procedures and experiences were planned so that participants, resource persons and consultants could work together examining resource materials, educational media and teaching-learning methods so that they could:

(1) develop plans to improve and expand programs to train homemaker-home health aides, and

(2) demonstrate ability in using the resource guide, Homemaker-Home Health Aides - Training Manual, recently developed by the National Council for Homemaker Services, Inc., under a grant with the U.S. Office of Education, Division of Vocational and Technical Education.

The workshop was to be conducted at the graduate level of study although no graduate credit was offered. Each participant would develop a projected plan for expanding training programs for homemaker-home health aides in the geographical area which he or she represented, and participate in small work-groups planning content, teaching methods, resources, aids etc., for one unit of the resource guide. Each small work-group would present a demonstration of the use of an effective teaching technique in the selected content area to the total group. A planned portion of each day would be used for (a) lecture, (b) discussion, (c) working in small groups on unit planning, (d) reading resource materials, (e) conferences, and (f) field trips to agencies serving families in the community.

The project was sponsored by the Department of Vocational-Technical Education and the Graduate School of Education of Rutgers University, New Brunswick, New Jersey. Thirty-nine participants from twenty-one states and Puerto Rico were housed in dormitories at the women's college, Douglass Campus, and workshop sessions were held in Davison Hall, Douglass College, Rutgers University, during a two-week period, five sessions each week, 8:30 a.m. to 4:30 p.m., July 1-12, 1968.

Workshop sessions concentrated on the following interest areas related to the desired outcomes and objectives as pre-planned:

I. Orientation and development of a working philosophy in developing programs for training homemaker-home health aides.

    A. Philosophy and beliefs of homemaker-home health aide services.

    B. Development and organization of homemaker-home health aides services and inter-relationships with other agencies.

    C. The potential role of vocational education in program development for training homemaker-home health aides.

    D. The training manual for Homemaker-Home Health Aides and how it was developed.

    E. Contribution home economics related occupational programs can make in the selection and training of homemaker-home health aides.

    F. Home care programs via a community hospital.

II. Training Program Content Areas.

    A. Teaching-learning techniques appropriate for the content of training programs.

    B. The child in the family.

    C. Care and maintenance of the home.

D. Food, nutrition and meals.

E. Personal care and rehabilitation services.

F. Psychology of the culturally disadvantaged.

G. Mental health and mental illness.

H. Family spending and budgeting.

These concentrated interest areas were discussed by resource persons and in individual reports by selected participants with small groups. Appropriate teaching-learning techniques for training program content areas were demonstrated and discussed by small work-groups. Emphasis in all areas was augmented by films, filmstrips, dramatization, and field trips to rehabilitation centers and nearby local community homemaker-home health aide service centers.

Evaluation of the project was planned to be concurrent in terms of reactions to workshop procedures, organization, facilities, resources, educational media, etc.; in terms of satisfaction of achieving desired personal and workshop objectives; attitude change; and, projected plans as submitted by participants. Follow-up evaluation six months later included reports of progress on projected plans and a limited number of follow-up visitations by the Director and the Administrative Assistant.

METHODS AND PROCEDURES

Detailed information (Appendix A) and application forms (Appendix B) were extended to potential participants recommended by state directors or supervisors of home economics education; state directors, supervisors or consultants of training programs for homemaker services; and others recommended by the eight-member planning committee. One hundred and ten application forms were screened by a three-member committee on the basis of geographical distribution, involvement and potential for improving and expanding training programs and representation of the following:

(1) State, city and local supervisors of home economics
(2) State and local directors, supervisors or consultants of homemaker services
(3) Key teachers and potential coordinators of training programs for homemaker-home health aides in vocational-technical programs.

The three-member screening committee included the Director of the workshop, the Executive Director of the National Council on Homemaker Services and a representative from the U.S. Office of Education Bureau of Adult, Vocational and Library Programs, Department of Health, Education and Welfare.

Final invitations (Appendix C) were sent to forty selected participants (Appendix D) and ten alternates with a request for an immediate response indicating acceptance. If for personal or other reasons acceptances were not in order, alternates were contacted by letter or telephone to fill the forty slots provided in the original planning. Full participation and campus residence was expected of all participants for the entire two-week experience. A family emergency on opening day kept one invitee from attending, so the total number of participants was thirty-nine instead of forty.

Daily six to eight hour workshop sessions included formal presentations, panel presentations, role-play, drama, and demonstrations to the total group (Appendix E). Selected participants presented 10 minute success stories to small groups in a "merry-go-round" session, small groups visited county homemaker service centers, and total group field trips were made to Rehabilitation Centers in the State.

Formal presentations by keynote speakers and panels of resource persons (Appendix F) concentrated on the philosophy, beliefs, organization and administration of homemaker-home health aide services at National, state and local levels (Appendix G). All participants were involved in workshop committees, working groups, and developing individual projected plans. Workshop Committees were concerned with concurrent evaluation and reactions to facilities, program and resources, and a dramatic presentation "To Temper The Wind." Working groups were concerned with presentations of teaching-learning techniques and methodology in relation to the content of the resource guide for training programs for homemaker-home health aides.

Evaluation of all phases of the workshop was an on-going process during the two-week session. Instruments were developed to study reaction and growth in: (1) attitude change, (2) desired personal and workshop objectives, (3) effectiveness of the total workshop, and (4) participant comfort (Appendix H).

Attitude Scales. A Likert-type scale of twenty positive and negative statements regarding status of the trained worker, expectations of the trained homemaker-home health aide, impact of federal legislation, interrelationships with professional personnel, recruitment and screening of prospective trainees and the learning process was developed. A five point reaction scale was provided: strongly agree, agree, undecided, disagree, strongly disagree.

A semantic differential attitude measuring device gave respondents the opportunity to judge a series of six words such as "home health aide" and "culturally deprived child" on the basis of scaled responses to nine sets of opposing adjectives.

All participants filled in their responses on these scales on the first and last mornings of the workshop. Anonymity was maintained by having respondents use their Social Security numbers or an equivalent for identification. A control group of applicants who were "rejects" or "alternates" responded to the same scales by mail twice at approximately the same times providing comparable time intervals.

Objectives, short-term. Participants reacted to effectiveness in meeting total workshop objectives and personal developmental objectives twice during the sessions, midway through the workshop, and again on the last day. Personal objectives of the participants as expressed on Application Forms had been tabulated before the workshop began. Fourteen objectives arranged in rank order in which they were mentioned were included in each participant's packet on the first day. Responses were made on a three point scale indicating "very much," "some," or "very little" indicating personal growth and understanding.

Effectiveness of the Workshop Experience. A seven-member workshop committee on evaluation developed an 18 item reaction sheet on the effectiveness of the workshop. Responses were made by all participants on a three-point scale indicating the value of the workshop as "very much," "so-so," or "very little" in relation to these items.

Participant Comfort. While every effort was made to arrange for the comfort of the participants before the workshop began the staff realized that some things might be overlooked and would go uncorrected if not brought to their attention. On the second day of the workshop the participants were asked for an "off the cuff" reaction to facilities and arrangements. In general participants were generous in their praise and satisfaction with living and working arrangements, but several needs were uncovered. Thereafter, newspapers were delivered to the dormitory, the university swimming pool was made available and a workshop social committee started planning semi-organized excursions for free time and weekends.

Objectives, long-term. Measurement of the effectiveness of the workshop as an educational experience which would have carry-over in strengthening training programs in action and motivating interaction between health and welfare agencies and vocational educators to develop and initiate additional coordinated programs in geographic areas represented by participants was attempted by having each participant present a projected plan at the end of the two week workshop experience (Appendix J) and submit by mail a follow-up report six months later (Appendix K). In addition visits were made to eleven participants in ten states by the Director and the Administrative Assistant in January, 1969.

The total program of workshop experiences was planned with the help of an eight-member Planning Committee and a six-member Workshop Staff which included a Research Consultant (Appendix E). Participants were housed in Katzenbach Dormitory on Douglass Campus. Social events included a reception in the evening of the day of arrival, a picnic at the Log Cabin, and a group dinner in Neilson Dining Hall. A workshop social committee arranged for trips to nearby cities and other places of interest on the Fourth of July and over the one-day week-end.

ANALYSIS OF EVALUATIVE RESPONSES

Concurrent evaluation of the workshop sessions was concerned with attitude change of the participants during the two-week experience and the extent to which workshop objectives and expressed personal objectives were being met.

Attitude Scales. Within the limitations of twenty responses on a Likert-Type scale administered to participants and a control group of non-participants at the first session and last session of the two-week workshop experience, a significant change in attitude toward homemaker-home health aide services at the .002 level was indicated when the Mann-Whitney U test was used to determine the variance between the pre- and post workshop responses of the paired groups.

Analysis of the extent of change in attitudinal concept of a "nurse," "health aide," "homemaker," "medicare," and "culturally deprived child" was attempted by means of a semantic differential scale using the Chi Square analysis technique. Results were significant with two degrees of freedom at the one percent level.

Objectives. Participants were asked to respond on a three point scale in terms of the effectiveness of the workshop sessions in meeting three major objectives of the total workshop and fourteen objectives mentioned more than once by invitees on application forms.

A majority of the participants felt that thirteen of the seventeen objectives had been satisfactorily met by the end of the second week. Ninety percent indicated that the workshop had been "very helpful" in meeting the first two of its primary objectives: (1) developing plans to improve and expand programs to train homemaker-home health aides, and (2) demonstrating ability in using the resource guide, Homemaker-Home Health Aides - Training Manual. Opinion was divided about (3) work more effectively with learners who have special needs. Fifteen persons (40%) said that the workshop had been very helpful in suggestions for working more effectively with learners who have special needs, while 19 persons (50%) indicated "satisfactory" and four persons (10%) felt that the workshop had not met this objective.

Most of the participants indicated that the workshop had been very helpful in meeting eleven of the personal objectives stated on Application Forms, and "so-so" in meeting three of these objectives. From these responses the workshop had been least helpful in clarifying how to improve nurse/aide relationships.

An evaluation committee composed of seven participants reported as a result of responses on a questionnaire that the three primary objectives of the workshop had been met and that the workshop had been a valuable experience in clarifying many questions related to training homemaker-home health aides. Some weaknesses in the structure of the workshop included insufficient time to ask questions of resource persons, insufficient time to exchange ideas, and insufficient time allotted for workshop committees. Almost half of the participants felt that the resource persons were not equally representative of the training areas for homemaker-home health aides.

Six-month follow-up report. Six months after the workshop (January, 1969) thirty-six participants, or 92 percent, reported progress in terms of their projected plans. Progress was indicated in three ways; (1) contacts made (2) training programs initiated, expanded, proposed, and (3) use made of the guide, Homemaker-Home Health Aides - Training Manual. Table 1 summarizes these reports according to participant and state or city represented.

During the six months period following the workshop, thirty-six participants reported having made one thousand four hundred and ninety-eight contacts concerning training programs for homemaker-home health aides. Thirty-six programs had been initiated through their efforts, 68 programs in action had been expanded to include additional in-service training and proposals or plans were in process for 77 to 82 new programs. The training manual had been shared with 687 individuals and 16 additional groups representing an unidentified number of people and had been distributed to 58 counties in California.

Follow-up visitation. The Director and Administrative Assistant made follow-up visitations in ten states and with eleven participants in January, 1969. More than 250 contacts were made, both intra- and inter-agency, for the purpose of motivating coordination and cooperation among health agency personnel, welfare representatives, and vocational educators in initiating and expanding training programs for homemaker-home health aides.

The impact and diffusion of the workshop activities and motivation of the participants to promote inter and intra-agency contacts and communication is comprehensively summarized in Table I on the following page. The follow-up visitation by the Director and Administrative Assistant in January, 1969, motivated the first state-wide interagency meetings and communication that had ever taken place in California, Hawaii, Minnesota, North Carolina and Wisconsin. City and area interagency meetings were fostered by this visitation in Arizona, Georgia, Illinois and Tennessee. State legislation providing more flexibility in interagency cooperation and funding in California resulted from this first interagency meeting held at Fresno in January. Many participants in these meetings said openly, "at least we are beginning to talk to each other." This may have been the most important outcome of the total workshop endeavor.

TABLE I

FOLLOW UP REPORT - JANUARY 1969
(36 Responses)

Participant City and State	Promotion Contacts	Training Programs Initiated	Expanded	Proposed	Resource Guide Shared
Akers (Roanoke, Va.)	18				3 groups
Alvey (Phoenix, Ariz.)	9	1		1	
Belden (Eugene, Ore.)	6				4 groups
Caldwell (Santa Ana, Calif.)	10		4		5
Chestang (Chicago, Ill.)	3		1		4 groups
Sr. Charles (Phila., Pa.)	3			1	5
Chun (Honolulu, Hawaii)	8		1		3
Crockett (Nashville, Tenn.)	15	2	1	2	5
Davis (Little Rock, Ark.)	3	1	1	1	2
Dill (Denver, Colo.)	1		1		3
Dolken (Terre Haute, Ind.)	7		1	1	7
Factory (St. Louis, Mo.)	14		3	1	25
Fimbres (Tucson, Ariz.)	5	2	1	2	14
Goolsbey (Appleton, Wis.)	32	5	3	6-10	105
Haponik (Fall River, Mass.)	5				40
Hendricks (Youngstown, Ohio)	7		2	1	6
Holmes (Charleston, S. Car.)	10			1	9
Hyde (Elko, Nev.)	3	3	2	1	2 groups
Johnson (St. Paul, Minn.)	90	6	30	6	34
Kratz (Harrisburg, Pa.)	8	1	1	1	28
Lyons (Raleigh, N. Car.)	24				
McGregor (Elizabeth, N.J.)	10			1	1
Macarin (Mineola, N.Y.)	2	3	3	3-4	18
Menard (Sacramento, Calif.)	175	10	10	38	58 counties
Morgan (Las Vegas, Nev.)	5		1		
Murray (Savannah, Ga.)	38	1		1	20
Phillips (Montgomery, Ala.)	5				1
Richardson (Wichita, Kan.)	3				300
Shelton (Charleston, S. Car.)	13		1	2	3 groups
Smith (Kansas City, Mo.)	5			3	10
Templin (St. Paul, Minn.)	926		1	2	31
Torres Ortiz (Hato Rey, P.R.)	5				
Unger (St. Petersburg, Fla.)	5	1		1	2
Whitten (Augusta, Me.)	6				5
Weidbrauk (Lansing, Mich.)	15			1	
Rood (Lansing, Mich.)	4				8
Totals	1498	36	68	77-82	687 people * +16 groups * +58 counties

*unidentified number of people

CONCLUSIONS AND RECOMMENDATIONS

Conclusions that can be drawn from workshop session discussions, evaluative procedures, progress reports made six months following the workshop, and taped recordings of follow-up visitations include the following:

1. There is a need for homemaker-home health aide service at all socio-economic levels and properly trained homemaker-home health aides can fill that need.
2. Training programs should be comprehensive, job-related and varied to meet the needs of the trainees and the community to be served.
3. Homemaker-Home Health Aide services should have a built-in possibility of advancement to para-professional and even professional fields.
4. Vocational education has a definite place in the training program for Homemaker-Home Health Aides. Cooperation between agencies and schools for training and placement is imperative.
5. Homemaker-Home Health Aide Service enables many individuals to find a satisfying means of expressing interest in others and developing a feeling of personal worth.
6. There is no one way of organizing a homemaker-home health aide service. Each community needs to explore the most effective organizational pattern that will meet local needs.
7. Motivation for training programs for homemaker-home health aides and for organization of agencies to provide these services can come from public health agencies, welfare agencies, church groups, vocational educators, hospitals, junior league organizations, and other groups concerned with community needs. Coordination and cooperation are the keynote, not who or what group or individual is the initiator.
8. Home economists and home economics related training can make a contribution to training programs for homemaker-home health aides. Also teaching techniques and content of training for homemaker-home health aides can strengthen home economics programs.
9. Families and individuals often need a combination of personal care and help in home management, money management and care of the children in times of family crisis and unusual stress. This combination of services can more effectively be given by

one individual under supervision rather than by different people at various times. Often if people can be helped just a little bit they can do a great deal to get themselves back on an even keel.

10. If agencies and educators really integrate efforts, community needs will be met more effectively and the common goals of serving families in time of stress and helping persons who need to feel they have a contribution to make to others that is worthwhile and remunerative will be met.

11. Federal and state funding is fragmented among medicare, health, welfare, pilot programs, central city projects, MDTA programs, etc., and often includes time limitations. Communication and coordination between and among these groups is difficult and sometimes there is duplication of effort and/or jealously guarded domain. Legislative revision is needed in many states to support on going services to families of all economic levels and interagency cooperation.

12. Although directors of homemaker-home health aide services often prefer adult, more mature women as trainees and aides, many are finding that there are calls for which mature young women (high school graduates) are appropriate and that many family needs such as heavy housework, gardening, simple carpentry and plumbing can be met by semi-retired or otherwise unemployed men.

13. As home health aide service is provided, it becomes increasingly evident that hourly homemaker services is also needed if people of all ages are to remain in their own homes during a crisis period.

14. Area vocational schools can serve as regional training centers for homemaker-home health aides.

15. Training for homemaker-home health aides opens up a cluster of wage-earning opportunities for trainees including household employment, nurses' aide, nursing home aide, child care aide, housing aide and others.

16. Workshops, institutes, conferences and other types of educational programs are effective when participants have to present projected plans for their own locale and report on progress as a follow-up.

17. Interagency coordination often hindered by federal, state and local laws and regulations is a difficult barrier to overcome even when a community has identified comprehensive health care and family service needs.

18. Involvement in a group representing various agencies serving the public can help break down interagency barriers and jealousies.

19. Interagency contacts and dialogue are essential to motivating a program to meet community needs for homemaker-home health aide services.

20. Attitudes toward disadvantaged persons and families and toward services needed by persons and families in crisis or stress situations can be changed in short-term group involvement sessions.

Several major recommendations evolved from contacts made on follow-up visitation and progress reports from participants six months following the workshop experience.

It is recommended, and some plans are under way in some states, counties, cities and otherwise designated localities, that a central private or public agency be designated to assume the responsibility of training homemaker-home health aides. This central agency would then maintain a roster of trainees on call for services needed by health agencies, welfare agencies, housing agencies, hospitals and nursing homes, and private community service agencies on a contractual basis. Such a central training agency would continuously review the training program in terms of the needs of the contracting agencies and would call upon the resources of the personnel of the contracting agencies in conducting the basic and in-service training sessions and learning experiences. The central training agency could be an area vocational school as suggested by the Health Department in Minnesota or a private agency such as Child and Family Services in Chicago or a Junior League type group whose purpose is community services in Wisconsin.

The resource guide, Homemaker-Home Health Aide - Training Manual, is a valuable aid in developing the content and learning experiences for trainees. As intended, it should be used as a guide and each training program should be adapted and/or reinforced to meet the needs of the particular group of trainees and the service needs of the community and families which are to be served.

A final recommendation is concerned with future workshops for motivating interagency cooperation and coordination for promoting training programs for Homemaker-Home Health Aides. A comparable sized group of participants from a smaller geographic area of approximately 10 states would be more effective. Each state could have a team of participants of 4-5 members representing health, welfare, private agencies and vocational educators. These team members should have status in their state and agency that would give them power to mandate change and influence legislative, statutory, and traditional barriers to interagency cooperation and coordination. If similar workshops were held on a regional basis and participants carefully selected or designated by state directors or commissioners as having the power to bring about change, the national need for Homemaker-Home Health Aide services would be more readily met and placement of many unemployed, disadvantaged and other men and women with the desire to serve would be affected more rapidly.

APPENDIX A

RUTGERS · THE STATE UNIVERSITY

The Summer Session

NEW BRUNSWICK, NEW JERSEY 08903

ANNOUNCEMENT

VOCATIONAL TECHNICAL EDUCATION SUMMER WORKSHOP

Title. Program Development For Training Homemaker-Home Health Aides

Dates. July 1 through July 12, 1968

Location. Douglass College, Rutgers - The State University, New Brunswick, New Jersey 08903

Purposes. Develop projected plans to improve and expand programs to train homemaker-home health aides. Demonstrate ability in using the Resource Guide, A Training Program For Homemaker-Home Health Aides. Evaluate effectiveness of the workshop and action in relation to projected plans by follow-up of the participants.

Participants. State, city and local supervisors of home economics, state and local directors, supervisors and/or consultants of homemaker-home health aide services, and key teachers and coordinators of training programs for homemaker-home health aides who are presently involved in and/or have the potential and interest in improving and expanding such training programs.

Enrollment. Will be by application to the Director of the Workshop. A maximum of 40 persons will be accepted. These will be selected grographically and on the basis of information submitted on the Application forms. No consideration will be given to any applicant who is unable to live on campus or attend the entire 10 sessions. Deadline for making application is May 15, 1968. Participants will be notified by June 1.

Time & Credit. This will be a non-credit workshop and will meet daily during the two weeks except for Thursday, July 4, and Sunday, July 7. There will be a follow-up evaluation in January, 1969.

Stipend. Participants will be reimbursed round-trip coach airplane travel fare and $75.00 weekly subsistence. Further details will be sent to each selected applicant.

This workshop has been funded by a grant from the Bureau of Research, U.S. Office of Education, under section 4(c) of the Vocational Education Act of 1963 (P.L. 88-210) and is in compliance with Title VI of the Civil Rights Act of 1964 and does not discriminate on the basis of race, color, or national origin.

APPENDIX B

RUTGERS · THE STATE UNIVERSITY

The Summer Session
NEW BRUNSWICK, NEW JERSEY 08903

APPLICATION FORM

Workshop on Program Development for Training Homemaker-Home Health Aides

Rutgers - The State University
New Brunswick, New Jersey 08903

July 1-12, 1968

Date of Application________________

Name of Applicant Mr. / Miss / Mrs.____

Position or Title____

Business Address____

____Zip__________

Preferred Mailing Address if different from above______________

____Zip__________

Address after June 1 (if different)____________________________

____Zip__________

Brief explanation of reason for interest in attending workshop:_____

____

____

____

____

Three personal outcomes desired as a result of attending the workshop:___

____

____

____

Brief statement of professional responsibilities and potential for expanding and/or improving training programs for homemaker-home health aides and use of the Resource Guide:________________________________

____

____

Brief statement of professional background, preparation and experiences:

____

____

____

____

Add further information here regarding your interest in and felt need to attend this workshop: ____________________________________

____

____

____

If accepted as a participant in this workshop:

I will attend all sessions, July 1-12, 1968. _____Yes.

I will accept on-campus housing arrangements. _____Yes.

I was invited to submit this application form by ____________________

____

____
Signature of Applicant

Deadline date for applications - May 15, 1968.

Return this application form to:

Mrs. Marie P. Meyer
Department of Vocational-Technical Education
Davison Hall, Douglass College
New Brunswick, New Jersey 08903

APPENDIX C
LETTER OF INVITATION

RUTGERS · THE STATE UNIVERSITY

DOUGLASS COLLEGE
The Summer Session

NEW BRUNSWICK, NEW JERSEY

Dear

You have been selected as a participant in the 1968 Summer Workshop on Program Development For Training Homemaker-Home Health Aides to be held on the Douglass Campus, Rutgers - The State University, July 1 through 12. We are looking forward to having you participate in this Workshop and visit our campus.

As you know this Workshop has been funded by a Bureau of Research, U.S. Office of Education grant which covers air coach travel fare to and from your home to New Brunswick, New Jersey and a $75.00 weekly subsistence allowance for on-campus residence.

If you plan to accept this invitation, the following items must be received in this Office addressed to me and postmarked no later than June 10, 1968:

1. A letter of acceptance;
2. The completed Request Blank portion of the enclosed yellow announcement; and
3. The enclosed Application for Travel reimbursement.

Unless these instructions are followed precisely, your name will be dropped from the list of invitees on June 13th, 1968, and a replacement made from the list of alternates. If you are unable to accept this award, please inform me of your decision at your very earliest convenience so that an alternate may be selected.

Your selection by Mrs. Meyer's Selection Committee implies campus residence. Upon receipt of your acceptance, we will note your occupancy preference and confirm in writing your travel allowance and further details concerning campus residency location and directions for travel from Newark Airport to New Brunswick.

Sincerely,

A. Angus Austen
Director of the Summer Session

APPENDIX D

RUTGERS - THE STATE UNIVERSITY

The Summer Session
New Brunswick, New Jersey 08903

1968 HOMEMAKER-HOME HEALTH AIDES WORKSHOP

Participant List

1. (Mrs.) Martha G. Akers
Roanoke City Public Schools
Home Economics Education
2218 Roanoke Avenue, S.W.
Roanoke, Virginia 24015

2. (Mrs.) Phyllis G. Alvey
Family Health Assistance Program
412 State Office Building
Phoenix, Arizona 85007

3. (Mrs.) Gladys Belden
Lane Community College
Home Economics - State
Department of Education
200 N. Monroe Street
Eugene, Oregon 97402

4. (Dr.) Esther Caldwell
Home Economics & Women's
Occupations
Orange County School Office
1104 West Eighth Street
Santa Ana, California 90723

5. (Mr.) Leon W. Chestang
Child and Family Service
234 South Wabash Avenue
Chicago, Illinois 60649

6. (Sister) M. Frederick Charles
Pernet Family Health Service
1001 South 47th Street
Philadelphia, Pennsylvania 19143

7. (Mrs.) Phyllis Chun
Homemaker Services Coordinator
1390 Miller Street
Honolulu, Hawaii 96813

8. (Mrs.) Margaret Jane Crockett
Occupational Programs
Home Economics Education
209 Cordell Hull Building
Nashville, Tennessee 37219

9. (Mrs.) Gertrude J. Davis
Economic Opportunity Agency of
Pulaski Co., Inc.
Homemaker Services
1800 Ringo Street
Little Rock, Arkansas 72206

10. (Mrs.) Leveda Dill
Community Homemaker Service
1375 Delaware Street
Denver, Colorado 80204

11. (Mrs.) Mary Ann Dolken
Visiting Nurse Association
328 South Fifth Street
Terre Haute, Indiana 47807

12. (Miss) Alfredia Factory
Vashon High School
3405 Bell
St. Louis, Missouri 63106

13. (Mrs.) Lillian Feldman
Homemaker-Home Health Aide
Services of Rhode Island
209 Angell Street
Providence, Rhode Island 02906

14. (Mrs.) Georgeanne R. Fimbres
Family Health Assistance Program
School of Home Economics
University of Arizona
Tucson, Arizona 85710

15. (Mrs.) Ellen J. Goolsbey
Appleton Senior High, East
Home Economics Department
2121 Emmers Drive
Appleton, Wisconsin 54911

16. (Mrs.) Eugenia Haponik
Diman Vocational High School
45 Morgan Street
Fall River, Massachusetts 02721

17. (Mrs.) Gertrude Hendricks
Family Life Education
Youngstown Public Schools
Choffin Center
Walnut & East Wood Streets
Youngstown, Ohio 44503

18. (Mrs.)Portia Taylor Holmes
Burke High School
207 President Street
Charleston, South Carolina 29403

19. (Mrs.) Alice B. Hyde
Visiting Homemaker-Home Health
Aide Service of Nevada, Inc.
Box 1141
Elko, Nevada 89801

20. (Miss) Dagmar H. Johnson
Minnesota Department of Health
University Campus
Minneapolis, Minnesota 55440

21. (Miss) Carolyn M. Kratz
Home Economics and School
Food Service
Room 2, Court House
Harrisburg, Pennsylvania 17101

22. (Mrs.) Katherine B. Lyons
Home Economics Education
Education Building - Room 431
Raleigh, North Carolina 27602

23. (Miss) Mary C. McGregor
Home Economics Department
Elizabeth Public Schools
Board of Education - City Hall
Elizabeth, New Jersey 07207

24. (Mrs.) Grace S. Macarin
Department of Social Service
Old Court House
Mineola, New York 11501

25. (Mrs.) Leota Grays Manion
6901 General Diaz Street
New Orleans, Louisiana 70124

26. (Mr.) Leonard D. Menard
State Department of Social Welfare
744 "P" Street
Sacramento, California 95814

27. (Mr.) Maurice V. Morgan
State of Nevada Welfare Division
1060 Tonopah Highway
Las Vegas, Nevada 89106

28. (Mrs.) Emmie D. Murray
Home Economics & Family Life
Education
208 Bull Street
Savannah, Georgia 31401

29. (Mrs.) Ruby Phillips
District Supervisor
Home Economics Education
Box 330
Montevallo, Alabama 35115

30. (Miss) Martha L. Richardson
Wichita High School
701 West 33rd Street, South
Wichita, Kansas 67203

31. (Miss) Barbara Saunders
Home Economics Department
Wilson Avenue School
19 Wilson Avenue
Newark, New Jersey 07015

32. (Mrs.) Carolyn A. Shelton
Charleston County Department of
Public Welfare
The Center
Charleston, South Carolina 29403

33. (Mrs.) Kathryn W. Smith
Lincoln Senior High School
2111 Woodland
Kansas City, Missouri 64128

34. (Miss) Janice Templin
Department of Education
Centennial Office Building
St. Paul, Minnesota 55101

35. (Miss) Anna Sonia Torres Ortiz
Home Economics Program
Department of Education
Hato Rey, Puerto Rico 19143

36. (Mrs.) Marion P. Unger
Visiting Nurses Association
520 Second Avenue, North
St. Petersburg, Florida 33701

37. (Mrs.) Phyllis Whitten
Department of Health & Welfare
Division Eye Care & Special Services
State House
Augusta, Maine 04330

38. (Mrs.) Lois Wiedbrauk
Sexton High School
Lansing, Michigan 48900

39. (Mrs.) Rita S. Rood
Home Economics Teacher
Lansing Public Schools
Penn and Jerome
Lansing, Michigan 48900

40. (Mrs.) Wanda W. Walters
Natrona County High School
Home Economics Department
Casper, Wyoming 82601

APPENDIX E

WORKSHOP
PROGRAM DEVELOPMENT FOR TRAINING HOMEMAKER-HOME HEALTH AIDES

FIRST WEEK

Monday, July 1

Announcements - Introduction of Staff
General overview of Workshop: Mrs. Marie P. Meyer, Director

Welcome: Dr. Carl Schaefer, Chairman, Department Vocational-Technical Education, Graduate School of Education, Rutgers, The State University
Dr. Myrna Crabtree, Director, Home Economics, Division Vocational Education, State Department of Education, Trenton

"The Potential Role of Vocational Education in Program Development for Training Homemaker-Home Health Aides"
Dr. Robert Worthington, Assistant Commissioner, Division of Vocational Education, State Department of Education, Trenton
Lunch
"Philosophy and Beliefs of Homemaker-Home Health Aide Services"
Mrs. Stephanie Stevens, Homemaker Specialist, Older Americans Services Division, Administration on Aging, Department of Health, Education and Welfare
"Practices of Homemaker-Home Health Aide Services"
Mrs. Rose Brodsky, Executive Director, Association for Homemaker Services
"Development of the Resource Guide for a Training Program for Homemaker-Home Health Aides"
Dr. Berenice Mallory, Senior Program Officer, Division of Secondary and Adult Education, BAVLP, U.S. Office of Education, DHEW
Campus Tour by bus

Tuesday, July 2

Panel: "Development and Organization of Homemaker-Home Health Aides Services and Interrelationships with Other Agencies"
Moderator: Mrs. Ruth Bien, R.N.

Mrs. Stephanie Stephens
Mrs. H. Irving Dunn, President Visiting Homemaker, Services, N.J.
Mr. Harry Fisher, Representative Medicare Professional Relations, Prudential
Mrs. Ellora Meyer, Nurse Consultant to Health Facilities, N.J. State Department of Health
Mrs. Cleora Wheatley, Coordinator, Homemaker-Home Health Aide Services, N.J. State Department of Health
Mr. William Zerbe, Assistant Regional Representative, Bureau of Health Insurance, D/HEW, Region 11, New York City.
Lunch

"A Coordinated Adult Program"
Dr. Esther Caldwell, Santa Ana, California
"A State Program" - Arizona
Mrs. Phyllis Alvey, Director, HHH Aide Program, Phoenix
Mrs. Georgeanne Fimbres, Tuscon

Wednesday, July 3

Symposium: "The Many Faces of Homemaker Services"
- Mrs. Ruth Bien, R.N.
- Mrs. Eileen Palladino, Staff Consultant, Mercer St. Friends Center
- Mrs. Gretchen Kupferman, Administrator of CHANCE, Bureau of Special Services, Department of Social Services, N.Y.C.
- Miss Helene Mullen, Nursing Consultant, Division of Medical Care Administration, Public Health Service, D/HEW, Region II, N.Y.C.
- Mrs. Julia Keyes, Director, V.N.A., Middlesex County

Lunch
"Teaching Techniques Appropriate for the Content of Training Programs"
Dr. Beverly M. Savidge, Assistant Workshop Director
Organization of small work groups
Film: "The Home-Health Aide"

Friday, July 5

"The Contribution Home Economics Related Occupational Programs Can Make in the Selection and Training of Homemaker-Home Health Aides"
Dr. Alberta D. Hill, Head, Home Economics Education, Iowa State University, Ames
"The Structure of the Guide for Training Homemaker-Home Health Aides"
Dr. Alberta D. Hill
Lunch
Presentation of the "Training Package on the ERIC System and the ERIC Clearinghouse for Vocational and Technical Education"
Mrs. Marie P. Meyer, Director
"Merry-Go-Round" Sessions
Seven fifteen minute sessions with selected participants serving as resource persons rotating from one small group of 4 to 5 people to another.
- "Working Together Cooperatively Preparing People for Homemaker Services"
  - Mrs. Katherine B. Lyons, North Carolina
- "Homemaker Services on an Indian Reservation"
  - Mrs. Alice B. Hyde, Nevada
- "Getting Started"
  - Mrs. Lillian Feldman, Rhode Island
- "Helping Families Raise Their Standard of Living"
  - Mrs. Phyllis Whitten, Maine
- "Establishing Services in Suburbs" and/or "An Inner City Proposal"
  - Mr. Leon Chestang, Chicago
- "Selecting and Screening Homemaker-Home Health Aides"
  - Mr. Maurice V. Morgan, Nevada
- "Helping Families Raise Their Standard of Living"
  - Mr. Leonard Menard, California

Tour of the Home Economics Facilities in Davison Hall

Saturday, July 6

Brainstorm: "Projected Plans for Individual Projects"
Dr. Beverly M. Savidge, Assistant Workshop Director
"The Child in the Family"
Dr. Julia Weber Gordon, Director, Office of Child and Youth Study, N.J. State Department of Education
Dramatic Presentation: "To Temper the Wind"
Lunch
Small work groups report on areas planned for presentation to total group
Slides and Tape: "What Is Homemaker Service?"
"First Week Impressions" - Workshop Impressions Committee
Mrs. Judy Hampson, Consultant

SECOND WEEK

Monday, July 8

Colloquium: "Training Program Content Areas"
"Care and Maintenance of the Home"
Mrs. Ruth Bien, R.N.
"The Ill, the Disabled, and the Aging Adult"
Mrs. Eone Harger, Director, Division on Aging, Department of Community Affairs
"Food, Nutrition and Meals"
Mrs. Florence Melick, Nutritionist, Middlesex Diet Counselor, State Department of Health
"Personal Care and Rehabilitation Services"
Miss Esther Culbertson, Nursing Consultant, Medical Care Administration, Bureau of Health Services, U.S. Public Health Service
Lunch
Small group field trips to Local Agencies
Group 1: Chr-Ill Service, Inc., Montclair
Group 2: Mercer Street Friends Center, Trenton
Group 3: Visiting Homemaker Service of Middlesex County, Rm. 129
Group 4: Visiting Homemaker Service of Morris County, Inc., Morristown
Group 5: SAGE Visiting Homemaker Service, Inc., Summit
Group 6: Princeton Community Homemaker Service, Inc., Princeton

Tuesday, July 9

Leave by bus on field trip to:
Kessler Institute for Rehabilitation, West Orange or
Veterans Administration Hospital Restoration Center, East Orange
Seminar: "Developing Aids for Teaching and Communication"
Mr. Donald T. Vaughn, 3M Business Products Sales, Inc.
Group A: Mr. Vaughn
Group B: Dr. Savidge, Mrs. Bien

Wednesday, July 10

Large group field trip reports
"Psychology of the Culturally Disadvantaged"
Dr. Bruce W. Tuckman, Associate Professor, Graduate School of Education, Rutgers —The State University

"Commonalities in Three Homemaking Occupations" - a report of a research study by Beavers and Shipley
Dr. Irene Beavers, Associate Professor, Home Economics Education, Iowa State University, Ames

Lunch

"Mental Health and Mental Illness"
Mrs. Grace Bell, National Center for Prevention of Alcoholism, National Institute of Mental Health

"The Contribution Health-Related Occupational Programs Can Make in the Selection and Training of Homemaker-Home Health Aides"
Miss Joan Birchenall, Supervisor Health Occupations, Division of Vocational Education, State Department of Education, Trenton

"Home Care Programs Via a Community Hospital"
Mr. Martin Uhlan, Administrator, Hackensack Hospital

Small Group Visitation Reports

Thursday, July 11

Small Group Presentations on Content of Training Guide:

Group	Leader	Technique Used	Content Area
I	Mary Ann Dolken	Demonstration/Return Demonstration	"Personal Care"
II	Portia Holmes	Buzz groups	"Mental Health"
III	Phyllis Alvey	Dramatization	"Family Spending and Budgeting"
IV	Martha Akers	Role-Play	"The Child in the Family"

"Family Spending and Budgeting:
Mrs. Audrose H. Banks, Cooperative Extension Service, Buffalo, N.Y.

Lunch

Small Group Presentations on Content of Training Guide (continued):

Group	Leader	Technique Used	Content Area
V	Gladys Belden	Vignette	"Food Management"
VI	Leonard Menard	Dramatized Demonstration	"Management and Safety in the Home"
VII	Alfredia Factory	Discussion: Radioscopics	"Management and Safety in the Home"

Capsule Reports: Individual Projected Plans
Film: "Home Fires"

Evaluation of Workshop
Dr. Esther Caldwell, Chairman, Evaluation Committee

Friday, July 12

Capsule Reports continued

Report from Evaluation Committee

Dr. Esther Caldwell, Chairman

Mrs. Judy Hampson, Consultant

WORKSHOP STAFF

Mrs. Marie P. Meyer,
Project Director
Dr. Beverly M. Savidge,
Assistant Director
Mrs. Judith Hampson,
Administrative Assistant
Mrs. Judy Furth,
Graduate Assistant
Mrs. Dorothy Stephan
Graduate Assistant
Dr. Bruce W. Tuckman,
Research Consultant

Planning Committee

- Mrs. Elizabeth Andersen
- Mrs. Ruth Bien
- Dr. Myrna Crabtree
- Dr. Alberta D. Hill
- Dr. Berenice Mallory
- Dr. Beverly Savidge
- Mrs. Cleora Wheatley
- Mrs. Marie Meyer, Chr.

Applicant Screening Committee

- Mrs. Elizabeth Andersen
- Dr. Berenice Mallory
- Mrs. Marie Meyer

APPENDIX F

CONSULTANTS AND RESOURCE PERSONS

Mrs. Betty Anderson, 30 Jones Street, New York City, N.Y.

Miss Audrose H. Banks, N.Y. State Co-operative Extension Service, 500 Chamber of Commerce Building, 238 Main Street, Buffalo, N.Y.

Dr. Irene Beavers, Associate Professor, Home Economics Education, Iowa State University, Ames, Iowa

Mrs. Grace Bell, National Center for Prevention and Control of Alcoholism, National Institute of Mental Health, Chevy Chase, Maryland

Mrs. Ruth Bien, R.N., P. O. Box 64, Middleville, New Jersey

Miss Joan Birchenall, Supervisor, Health Occupations, Division of Vocational Education, State Department of Education, Trenton, New Jersey

Mrs. Rose Brodsky, Executive Director, Association for Homemaker Services, 297 Park Avenue, South, New York City, N. Y.

Dr. Myrna Crabtree, Director, Home Economics, Division Vocational Education, State Department of Education, Trenton, New Jersey

Mrs. H. Irving Dunn, President, Visiting Homemaker Association of New Jersey, 35 Bristol Place, Bayhead, New Jersey

Mr. Harry Fisher, Representative, Medicare Professional Relations, Prudential Insurance Co., Millville, New Jersey

Mrs. Esther Gilbertson, Nursing Consultant, Medical Care Administration, Bureau of Health Services, U.S. Public Health Service, 800 N. Quincy St., Tower Building #1, Arlington, Virginia

Dr. Julia Weber Gordon, Director, Office of Child and Youth Study, State Department of Education, Trenton, New Jersey

Mrs. Eone Harger, Director, Division on Aging, Department of Community Affairs, Trenton, New Jersey

Dr. Alberta D. Hill, Head, Home Economics Education, Iowa State University, Ames, Iowa

Mrs. Julia Keyes, Director, V.N.A., Middlesex County, New Brunswick, New Jersey

Mrs. Gretchen Kupferman, Assistant Director, Division of Special Services, 271 Church Street, New York City, N.Y.

Dr. Berenice Mallory, Senior Program Officer for Secondary-Post Secondary Programs, Division Secondary and Adult Education, DVTE/BAVLP, U.S. Office of Education, D/HEW, 7th and "D" Streets, S.W., Washington, D.C.

Mrs. Florence Melick, Nutritionist, Middlesex Diet Counselor, Douglass College, New Brunswick, New Jersey

Mrs. Ellora Meyer, Nurse Consultant to Health Facilities, State Department of Health, Trenton, New Jersey

Miss Helene Mullen, Nursing Consultant, Division of Medical Care Administration, Public Health Service, Region II, D/HEW, 26 Federal Plaza, New York City, N.Y.

Mrs. Eileen Palladino, Staff Consultant, Mercer St. Friends Society, 151 Mercer Street, Trenton, New Jersey

Dr. Carl Schaefer, Chairman, Department Vocational-Technical Education, Graduate School of Education, Rutgers - The State University, New Brunswick, New Jersey

Mrs. Stephanie Stevens, Homemaker Specialist, Older Americans Services Division, Social and Rehabilitation Service, Administration on Aging, D/HEW, Washington, D.C. 20201

Dr. Bruce W. Tuckman, Professor, Graduate School of Education, Rutgers - The State University, New Brunswick, New Jersey

Mr. Martin Uhlan, Administrator, Hackensack Hospital, Hackensack, New Jersey

Mr. Donald T. Vaughn, Representative, 3M Business Products Sales, Inc. 1719 Brunswick Avenue, Trenton, New Jersey

Mrs. Cleora Wheatley, Co-ordinator, Homemaker-Home Health Aide Services, State Department of Health, Trenton, New Jersey

Dr. Robert Worthington, Assistant Commissioner, Division of Vocational Education, State Department of Education, Trenton, New Jersey

Mr. William Zerbe, Assistant Regional Representative, Bureau of Health Insurance, D/HEW, 26 Federal Plaza, New York City, N.Y.

APPENDIX G

SUMMARIES OF FORMAL PRESENTATIONS

THE POTENTIAL ROLE OF VOCATIONAL EDUCATION IN PROGRAM DEVELOPMENT FOR TRAINING HOMEMAKER-HOME HEALTH AIDES

Dr. Robert Worthington
Assistant Commissioner
Division of Vocational Education
State Department of Education, Trenton

Vocational education first became part of our national purpose in 1917 when the former governor of New Jersey, President Woodrow Wilson signed the Smith-Hughes Act. That was the first indication that the federal government felt we ought to have vocational education nationally. The Smith-Hughes Act placed great emphasis on Home Economics, trade and industrial education and agriculture. But the problem was that the federal government never really got around to funding it adequately, so we never really had the money to do the kind of thing the federal government hoped we would do. Because funds were limited, a sort of closed system of vocational education was developed in the nation which to a great degree excluded the general educators and set up a separate system of vocational education at least in most states. And they based their separatedness first on the fact thatthe federal government had a Federal Board for Vocational Education. In fact, the person in charge of that Board was about four or five rungs above the U.S. Commissioner of Education, at first, so that didn't make for a very satisfactory working relationship. Eventually in the twenties, the Board of Vocational Education was abolished and the Office of Vocational Education was placed in the U.S. Office of Education. But still the Assistant Commissioner for Vocational Education had a lot of direct rights to Congress and direct rights to people that normally only a Commissioner would have. There were some hard feelings at that level. Also, in the process of getting the legislation passed, some of the existing programs which we now know as practical arts were discredited. We are now developing a system of vocational education nationally which is emphasizing co-operation among all levels of institutions, both public and private. We're attempting to develop a system of vocational education, nationally that will be located in comprehensive high schools, in specialized area vocational schools --which we are now able to build with federal vocational funds-- and in community colleges, post high school technical institutes, even in departments of universities and colleges, and which still will provide occupational education which will be less than baccalaureate degree level.

In 1961-62 President Kennedy appointed a panel of consultants to take a look nationally at what vocational education was like. This panel consisting of top labor, business and industrial leaders found that our nation was not doing a very good job in vocational education. We were not providing it to enough people who needed it. This panel of consultants indicated that something like 80% of the boys and girls in elementary school at that time would not receive a college degree and yet we were providing vocational education, nationally, to less than 10% of the boys and girls in the 15-19 year bracket. As a result of this study, the Vocational Act of 1963 was passed and this has caused great changes nationally in vocational education. This legislation has provided much more flexibility. It has encouraged all kind of pilot and demonstration programs, throughout the nation. They have attempted, under the new legislation, to broaden the scope of vocational education, make it available to many more people, and gear programs to the needs of society, industry and technological change.

Legislation in New Jersey, as early as 1913 permitted us in our state to set up county boards for vocational education, to develop county systems of vocational education which were co-ordinated by the state director of vocational education.

In October, 1964, appropriations were voted by Congress to fund the implications for change in the Vocational Education Act of 1963. In order to implement and encourage, change --everybody realizes that change is really one of the major components of our society-- in an establishment of education --as we have in vocational education that has existed since 1917-- we have to find ways to change these programs. We have tried to do this in New Jersey through a system of pilot and demonstration projects. We were able to get 1 million dollars of state money in early 1965, to use to match federal money to give grants to school districts. The school districts were asked to write up projects that were different - pilot projects in occupational education of all kinds, which were not previously offered that would help kids in their schools become employable when they left high school.

In 1965 we funded pilot programs for more than 7 thousand students in New Jersey high schools. Then in 1966 we increased this to 16 thousand. In 1967-68, it is up over 20 thousand students that have benefitted from funded pilot projects. Most of these projects are in our regular high schools - some are in our special vocational schools - but most are not. We put 9.2 million dollars in the last three years of state and federal money into these new and innovative programs hoping to change vocational education. We have people in these pilot programs who wouldn't qualify for the usual vocational teaching certificate; but, because these are classified as experimental demonstration programs, the state board has waived the state certification requirements. We now have an extensive evaluation underway, to determine just how effective these teachers have been.

I would urge all of you who are in vocational education, or whatever field, interested in training people for work, that you set up a very strong advisory council or advisory committee from the occupational area, to work with you, to help you develop curriculum. Our State Advisory Committee meets with us at the state level once a month. This is a high level group of company presidents, top labor leaders like the executive director of the state AFL-CIO, top personnel managers from major companies and one dean of a graduate school and also one vocational educator, a young lady who is principal of a girls vocational-technical school. This council asked the Governor to call a symposium of people from all walks of life, from all institutions, both public and private agencies to talk for one day about occupational education - a very broad term. This group was called the Governor's Symposium on Education and Training For Employment. This was held in October 1966. The Governor wrote a personal letter to 84 people and asked them to come. Of the 84 invited, 80 showed up at the Princeton Inn, Princeton for one day to talk about this problem. One of the major recommendations growing out of this symposium was that New Jersey needed a system of master planning for the total program of vocational-technical education. So as a result of this our state board of education authorized us to call a conference and get moving on a master plan of vocational-technical education through 1980. This master plan is just now being completed. Our state advisory council reviewed it about three weeks ago in Atlantic City and spent two and a half days carefully reviewing the sub-committee reports. We've had one discussion with the state board of education and we expect this to be published and made available after September 1.

We involved 9 committees, committees working on a variety of problems. Such as what kind of curriculum do we need, what kind of facilities do we need. What kind of teachers, where are we going to get the teachers, what kind of leaders and administrators do we need? How much money do we need? We have 9 committees who looked into all these problems. There were 150 directly assigned to committees plus 200 more on sub-committees. We estimate that at least 350-400 New Jersey citizens from all walks of life were involved in writing this master plan. Many more people now know what our problem is and are ready to support it. A significant development across the nation is this movement to do master planning for all kinds of education whatever it is - whether it is training of homemaker-home aides or whatever it is. Who's going to train them, how many do you need, what kind of facilities are you going to have, what is it going to cost and so forth?

Another thing we have tried to emphasize in our expanding and changing vocational education is to place young people in jobs under direction of the school while they are still in school. We've placed great emphasis on co-operative vocational education, the kind of education where boys and girls get the introductory and general education on a half day basis and work out in business and industry or in related field experiences on a half day basis. We now have 165 high schools involved, and we have a great variety of programs in operation. We have one called Employment Orientation for mentally retarded boys and girls - a much lower level than most people would think would be successful. These boys and girls are placed in jobs under the direction of school personnel and are doing quite well at it. I would urge you, in the field you're talking about, to take a look at the implications of co-operative work experience as part of it. We are hoping to introduce boys and girls at a much earlier age to the world of work and we're doing this through two or three programs. One of them is an experimental program called Technology for Children which is funded by the Ford Foundation. If you would go down to Camden County today to one of the elementary schools you would find about 50 or 60 elementary teachers working with a staff of 18 or 20 who are studying this summer - some of them the third summer - on how to go about introducing technology and technological aspects of our society to children from the kindergarten level all the way up to the 6th grade.

Another innovation is a Guidance Program in the 4th, 5th and 6th grades which we have called Occupational Awareness. Another is through a program called Introduction to Vocations, and this is certainly where the kind of program you're talking about here this week might be introduced. A team of teachers in a school plan experiences and programs called Introduction to Vocations. This is a team approach where the teachers in a variety of occupational areas, in a variety of specialities, work with guidance people and cycle boys and girls in the 7th, 8th and 9th grade level through these occupational orientation experiences. People are brought in from the industries, the hospitals, businesses to tell boys and girls about these occupational areas. They also move through the various laboratories in the schools when these are available - home economics, distributive education, business, industrial work, health and others and even science. We find more and more emphasis, nationally, and in our state as well, on the systems approach to education. The planning program and budgeting system such as has been used successfully in the Department of Defense. I think you are going to find this - the PPBS System - planning, programming, budgeting becoming a very commonly used term in all levels of education, in the near future. Of course, another problem we have is leadership development. The kind of work going on here at Rutgers with this Institute, with the masters' and doctoral programs is what is needed. This is the kind of move we need nationally to begin to train the leaders we need.

I mentioned that the President's panel of consultants said we're serving less than 10% of the youth in vocational education. Nationally, we're now serving under the Vocational Act of 1963, about 25%. So, we've made a major increase. But, we're trying to move to at least 60% and hopefully, in some areas, 80% of the youth would get some type of occupational education. The big problem will be the development of the leaders and the teachers. We've increased high school enrollments, nationally, since 1963 by 42%. One of the biggest areas - students of special needs - the ones that have a variety of problems - either physical, socioeconomic, psychological or other problems have been really neglected. One third of the school districts in our nation do not have any program of any kind for these young people. These who will ultimately become the hard core unemployed. New legislation is pointed toward that need. The Vocational Act of 1963 has as emphases providing vocational programs for those who can not succeed in regular programs. But it really has not been pushed as much as it should. Nationally only 2% of the vocational students participate in cooperative vocational education. Fifty to sixty percent of high school graduates go job hunting immediately after graduation. It is extremely important then that these 50-60% have some kind of job training. The fortunate few go off to higher education and the majority face the hostile, corporate world, frightened and unprepared. Obviously, there are still going to be some dropouts for pregnancy and other problems, health problems and others. Last year over 1 million boys and girls dropped out of school in this country. Our state study on dropouts indicated the number one reason for dropping out was dissatisfaction with school. The second was to get a job. Little did they realize that they had no way to get a job and if they got a job, it would be some kind of a dead end job that wouldn't lead any place.

In evaluating the first three years of the new vocational education act, the President's Advisory Council reported: "The Vocational Education Act of 1963 introduced two new basic purposes into the nation's vocational education. First, vocational education was to serve the occupational needs of all people in the community through unified programs. Secondly, a new group was to be served. The persons who could not succeed in regular vocational programs because of educational, socio-economic and other obstacles. There is little evidence that either of these purposes has been accomplished so far." This new legislation would increase the authorization for vocational education from 325 million to over 600 million and it's believed by Congress that it will have to go over 1 billion dollars by 1972. Twenty-five percent of the new monies will be earmarked for the academically, the socially, the economically, the physically and culturally handicapped. These are the normally hard to employ. All the restrictions that have to do with state matching and the like would be removed. There would be a great emphasis on pilot and demonstration and experimental programs.

Flexibility of the vocational education programs is part of the new look. You'll find there is much greater flexibility of thinking among state, local and federal administrators of vocational education programs. If you contact them, you'll get much more support from them than you would have gotten three years ago for such an undertaking. The program should be multi-level, should be interagency.

PHILOSOPHY AND BELIEFS OF HOMEMAKER-HOME HEALTH AIDE SERVICE

Stephanie B. Stevens
Homemaker Specialist
Older Americans Services Division
Social and Rehabilitation Service
Administration on Aging
U.S. Department of Health, Education, and Welfare

I am pleased to participate in this workshop as a representative of the Administration on Aging and to represent the National Council for Homemaker Service, Inc. We in the Administration on Aging and the National Council have a real interest in the goals and objectives of this workshop--to develop plans to improve and expand programs to train homemaker-home health aides and to work more effectively with learners who have special needs. These objectives are directly related to the 1967 Amendments to the Social Security Act which provide for expansion of programs for homemaker service and the training for employment of AFDC mothers and other low income persons.

Reports for the period of training housekeeping aides under the Works Progress Administration show that by late 1941, 38,000 housekeeping aides were serving families in 45 States and the District of Columbia. Women in need of financial assistance were assigned through health and welfare agencies to help families with children, the chronically ill and aging in their homes.

While the purpose was to meet the employment needs of women rather than the care of people who received the service, nevertheless an important service was provided to many by this corps of women, and the loss of this service was keenly felt when the WPA projects were terminated in 1942.

Homemaker service has been in existence for more than 60 years. It grew slowly, at first, in voluntary family and children's agencies. However, in the last 10 years it has developed rapidly in both voluntary and public health and welfare agencies. In our fast changing, mobile society the older ways of meeting individual and family needs no longer apply. The learning transmitted from one generation to another in a closely knit family relationship in a stable community does not exist. Today's homemaker-home health aide service is geared to meet the old changed needs as well as the new ones. In her speech at the NCHS Forum in April 1968, Dr. Winston said, "The reasons for growing commitment to this service are many--the active program of the National Council for Homemaker Service, the enthusiasm engendered by the 1964 Forum in Washington, the changes in Federal law along with expanded funding potentials and the sharply increasing problems of families in getting help for coping with immediate problems of daily life. But broad general reasons are not enough to explain the growing commitment in both the social welfare and health fields to this down-to-earth, flexible, adjustable, easily expanded service area. I suggest that greater commitment is directly related to the broadening uses which we envisage for homemaker service today and tomorrow.

Homemaker-home health aide services for the aged, the chronically ill and disabled adults, and families with children are established in urban as well as rural areas. Every State has some homemaker-home health aide service programs, even if it is only one--in Idaho. Some 12,000 homemaker-home health aides are employed full or part-time in these programs in the 50 States according to the National Council for Homemaker Service, Inc. New York with over 2,500 is first, California with 912 is second. We need many times this number if we are to meet the increasing need for homemaker service today. We are meeting need on a crisis basis and I submit we do not know what the actual need for this service is. It was estimated that 200,000 homemakers were needed on the basis of the 1960 census. For the 2 million OAA recipients our estimate is that 20,000 homemakers are needed. This estimate is based on one homemaker for each 100 adult cases receiving assistance. I submit this is an estimate, as no agency has had sufficient homemakers to establish whether this estimate is valid. In a Protective Services Demonstration Project for Older Adults--three homemakers, for an on-going caseload of 60 cases, with an estimate of 260 cases per year, are set up in the staffing pattern. It is hoped we will have some data to establish the ratio of homemakers to cases when the demonstration period is over.

Homemaker service for families with children has been broadened considerably to include emotional as well as physical illness, long-term problems of physical handicap as well as short-term illness; social problems associated with abuse, neglect, desertion or lack of care; the need for 24 hour care; emergency care and relief for a few hours to permit a mother and/or caretaker respite from constant, demanding care. Emergency service is also expanding to meet need for care, particularly at night, for the homemaker provides a special type of individualized, warm and efficient care for children.

For the frail aged, the chronically ill and disabled aged adults the need is as great as it is for children. There are over 19 million persons today who have passed their 65th birthday. By 1970, it is estimated there will be 20 million persons 65 and older. For the older persons, homemaker service means the difference between being able to remain in and/or return to their own homes, in familiar surroundings, in their own community, and placement in a nursing home, hospitalization or institutionalization. Our experience indicates that once an older person gives up his home, for whatever reason, it is difficult if not impossible to re-establish. A homemaker service enables the aged person to maintain independent living arrangements for as long as it is medically feasible or socially desirable.

Homemaker-home health aide service, under appropriate medical supervision, for the chronically ill and disabled adults has helped to maintain, retain or restore physical functioning following hospitalization, nursing home placement or institutionalization. It has afforded to many an early release to their own homes and the security that necessary care outside the hospital or institution is available in the community. So great is the demand for homemaker service in this area alone that it could absorb six or seven times the total number of homemaker-home health aides available today.

If we believe that persons living in our society have a right to the services they require, then this right must be recognized and the services made available to all who have need of them. This need is not limited to the poor, it exists among the middle and higher income groups as well. For example, the young executive needs a homemaker to care for his baby when the mother is hospitalized; the little old lady, with sufficient income, who lives in isolation because she has outlived her relatives and contemporaries; or the abused child of educated but neglecting parents.

If we believe that homemaker service is a basic community service, we must plan for its establishment and expansion to every situation where it can make a contribution. Each agency providing service has the responsibility to clearly define that portion of the need it can meet with its available resources, and accept responsibility to seek and develop additional resources.

In providing homemaker service we need to give careful consideration to the administration of the program--to recruitment, selection, training, assignment, supervision and evaluation of whether the service meets the need of individuals or families served. Training for this type of service should be practical and adequate. I am not going to talk about content or basic core knowledge essential for homemakers as I am sure you will be discussing this in detail in this workshop. However, I would like to say that continuing in-service training should be planned to provide an opportunity for the homemaker-home health aides to improve their skills and to improve the quality of service provided. The homemaker-home health aide is a member of a team, and has an important role in the delivery of a system of services to meet an individual and/or family need.

Homemaker service is a generic service which is geared to everyday needs of people in a wide range of circumstances. It is a service tailored to meet the individual's or family's need, provided with efficiency, understanding and care. It is a simple service, and rendered as a helping process.

With respect to financing of programs, it is important that funds be provided on a sound and continuing basis. Whether the available funds are public or private, endowments, result from payments by individuals on a fee basis, or third party contracts, they must be used so as to provide the greatest possible volume of services to the community. Recent Federal legislation in health and welfare makes available many additional resources for homemaker-home health aide services. With the growing trend for third party payments, purchase of service, etc., payment of full cost must become the accepted practice. This can be achieved only when costs can be supported by adequate financial records.

Homemakers should be paid a salary commensurate with what is expected of them. Statistics show we are still relying on a large majority of part-time aides. If the service needs in the community are to be met, we should be planning for the employment of more full time homemakers. Homemaker service is not a cheap service and should not be promoted as such. However, it is still less expensive than other alternatives of care such as nursing home placement, hospitalization or institutionalization.

Homemaker service is a service which is agency based, agency trained and supervised, and for which there is accountability to the client and the community for both the quantity and quality of service available and provided. Coordination and cooperation of all the resources in the community is essential if we are to meet this burgeoning need for the service and maximize the utilization of available trained staff.

PRACTICES OF HOMEMAKER-HOME HEALTH AIDE SERVICES IN THE INNER CITY

Mrs. Rose Brodsky
Executive Director
Association for Homemaker Services
New York City

The Association for Homemaker Services moved just yesterday to 432 Park Avenue, South, New York City, 10016. Park Avenue is the name of the old 4th Avenue in New York City. Park Avenue you know is the avenue for the rich and uptown it becomes the inner city and downtown it becomes the area for social agencies and commercial agencies. All that Mrs. Stevens said is applicable to the inner city. But, the inner city has some special qualities and in thinking about the surface of the inner city, I think we should think of it from two aspects. One is the opportunity for employment to many people in the inner city and I mean both men and women - not women alone - who can be trained to work in this service. If we develop enough vision, perhaps this field will offer what Dr. Worthington referred to as a career ladder. One of the problems in training homemakers for a career is a lack of standards for payment of homemakers. Mrs. Stevens referred to the fact that they should be paid in keeping with what we expect. Most of them are not. Secondly, in thinking of training, there is the problem of recruitment. Generally the potential trainee is a mature woman - either a woman who has raised her own family or a woman who still has young children but can turn to a relative to help take care of her children while she earns the living. Certainly, if we want to attract men to the field as well as capable women, they must be paid adequately for this. The people that come into the field come from different walks of life. Many women come who are wonderful women who are for all practical purposes illiterate. So, we might even have to think in terms, in some situations, of including the teaching of the language so that a person with natural talents can become a homemaker. If we start with a rigid requirement that there must be literacy we lose many good people, particularly women who have had so much deprivation in their lives and are such wonderful people. Secondly, we have many who have had some grade school training and they are not ready for the high school level. Then, we have some who are at high school level and graduates of high school. We have some on our staff who have had teacher training, and chose homemaker service as a career. In order to do this, there should not only be a guaranteed salary, but fringe benefits.

There can be a differential use of homemakers. For example, in the inner city particularly, many women are used to go in and help the mother become a better mother, keep her family together, do some of the simpler housekeeping tasks, shop, learn about nutrition, budgeting,about using appliances that are very new to her. There is consideration, for example, of having mixed housing to get away from the ghetto aspect where the poorer people are limited to certain areas and then the lower to middle income to another. There are plans to house mixed socio-economic groups together and, if they are, those who have not had an opportunity for training will need this in order to learn. On the one hand we have already had training for mothers who are receiving aid for dependent children to learn how to be homemakers, but actually this should be broadened. It should be available to older women, to older men. There would have to be the appropriate jobs waiting for them because nothing is more frustrating than being trained for jobs that do not exist. This is even worse than not training people to begin with. So, we must coordinate both sides of this. I have a classic example. One day we had a little item in the newspaper and a woman came in and said - a woman in her early fifties, - "my back hurts, I have arthritis, I can't put my hands in water, but I want to be a 24 hour round the clock homemaker for families with children, particularly young children. I love them." I said, "Look at what you're telling me." She said, "Let me try." Well, there was something about her that struck me. We set up something between us. I gave her a chance. All her symptoms were psychosomatic. She had been on welfare for 11 years. After working we arranged for her to pay off her debts. To make a long story short, we discovered something nobody else knew about her. She was a trained nutritionist who had serious deprivation in one point in her life, went to pieces and all she got from then on was public assistance and nobody had time to stop and find out what had happened to this woman, until we came along through this program. Another woman came through the same little article. She was a woman who was dependent on a widowed sister and was earning $5 a week taking care of a neighbor, an elderly lady who was as poor as she was. And she became a 24 hour homemaker. She came from the Virgin Islands and understood the Puerto Rican culture very well and she has become one of our homemakers who participates in teaching nutrition to our other homemakers who do not understand the culture of the families who are newly arrived from Puerto Rico. This is what we mean by a career ladder. This is one side of service in the inner cities.

Now, for the people needing the services, many of them were mentioned. For example, many of the mothers in the inner cities are women alone, with several children of all ages. The man is not around for many reasons, often because of legislation which makes it impossible for him to be in the home or else he has found life too difficult or else he has died or become disabled or whatever. And there is a mother left alone with children. Now, in these situations, so long as we were rigid in homemaker service and said there must be a responsible adult to supervise the homemaker these children went into the city shelters and when our agency came into being 8 years ago, the children in our city shelters in this big New York City were sleeping two in a cot, and there were maybe three toilets for 100 children. It was ghastly. This is what moved us to try to experiment with around the clock-7 day a week service where the homemaker has to be both father and mother to the children. She is there all alone under the supervision of the professional person whether it is social worker or nurse. In a situation like this it would generally be a social worker because the problem is a social one where the mother has gone to the hospital, the children are alone. The census of the city shelter has gone down. The service we are giving to families with children, to the elderly, to the chronically ill ranges from as little as three hours a day sometimes only two days a week for a person or elderly couple living alone up to 24 hours a day, 7 days a week and this represents a high degree of flexibility. And within it there are all kinds of variations and combinations. When they work seven days a week we usually have two homemakers, one works five days and nights and the other works two days and nights. Then we have the job trying to match the personalities of the original - not only the original homemaker to what the children need but we have to make sure the two homemakers will not be working against each other. And the children should not play one against the other and say, Mrs. So and So lets me do this and Mama surely lets me do this. Now, aside from teaching the physical aspects of homemaking as we all understand, the unique contribution of homemaker-home health aide service is another tangible service which you can not so readily identify. Let's say the personal health care in all its aspects, the cleaning, the shopping, the budgeting, the cooking, the laundry is one aspect. But, the more challenging part is the psychological and relationships aspect. And this is the aspect most lay people do not understand. This is why people so often equate the homemaker-home health aide with someone you just call in to clean your house and maybe you let her keep an eye on the kids while you go out shopping or something. But, the homemaker-home health aide is really a semi-professional person, someone who has to understand family relationships, child care, the psychology of individuals at different points in their life. They have to understand what crisis does to the individual and the family. What is the meaning of mental illness? What is the meaning of physical illness? What does retardation mean? When is a situation an emotional disturbance? When is it emotional immaturity? When is it a psychosis? And even a psychosis, can it be on an outpatient basis or is it so dangerous that the patient is homicidal or suicidal? Now, this is a specialization in and of itself. And when you think of a career ladder, you can think of mental retardation and the related handicaps like cerebral palsy and so on, where the homemaker needs very special training. Now, we did a special free demonstration for the Children's Bureau of HEW. Our homemakers had very special training in understanding not only the retarded child or the retarded adult but also what this does to the different family members, both the children and the adults.

Actually, homemaker is the broad umbrella, the broad overall term. Every Homemaker should have training in what we Homemakers call lay home nursing or personal care, which must be done under the auspices of the nursing agency. The social agency itself cannot do it unless they have a RN on their staff that can do it for them. The Home-Health Aide does not necessarily have as broad a scope as the homemaker and the Home-Health Aide must have nursing supervision. The Homemaker meets it in her training and can be supervised by some of the other professions like social workers, home economists or a nurse in some situations. It is broader but they are not a contra-distinction, really. Since the spectrum of people coming into the profession of Homemaker-Home Health Aide is only in its beginning - Oh, I do want to add that I see no reason why there cannot be a place in this career for young people. In Norway, for example, high school graduates at the age of 18 go for a year and a half of training where they have training courses and they have three placements in that period, one in a child care situation institution, one where there are elderly people or chronically ill. And they consider this not only training for their civil service career as a home health as they call it, and they have both men and women, but they consider it as training for marriage and rearing your own family which is quite a progressive outlook and something I think we might well dream about even though we are far from ready. We are a voluntary agency and there are several sources of funds. For one thing, there is federal legislation which gives the public agency only 80% of the cost of the first year of homemaker service and 75% forever after. Now, in our state, in New York State, the public agency has a Homemaker Service of their own. They're increasing it from 400 to 800. They, however, use us for their 24 hour service, because it is very complicated to administer. They also use us when they don't have one of their own available. Their funds come from city, state and federal in some proportion.

Question: Is your supervision voluntary or paid?

Answer: No, we have a guaranteed salary for the homemakers themselves, with all the fringe benefits. We have a social work staff, each of whom works with a group of ten homemakers on each case in the field with office visits. We have two supervisors who do the recruitment, training on a group basis. Training on a case basis is by the social worker. Training on the group basis is by the Homemaker Supervisor. And then we have case work supervisors who supervise the workers who do the field work. I happen to be a trained social worker who coordinates the whole thing. Now, other sources of funds, for example the American Cancer Society is a voluntary health agency, purchased our service for all their needs for homemaker service. And they could do it because our homemakers were all trained by the American Red Cross - always, even before we had this program. We had this project for HEW for the retarded infant service. A home for the aged purchased our service during a period of study to determine if the old person really needed their home or not. They were able to remain at home at least for another year or two. The uses of homemaker service are limitless. The different programs under the OEO--Office of Economic Opportunity--not only have developed local homemaker services, but they developed a core of neighborhood case aides who have gone around ringing doorbells finding out what do families need in the way of welfare services, health services and among them they found were needed homemaker service which they offered on an emergency basis before they could get a public agency or a voluntary agency. I think that we have already in our 8 years made a beginning impact on the inner city, but it is only a beginning. It needs to be developed on a tremendous basis. But, I think it has to start with our concept of homemaker, whom do we recruit, and what is needed for the training of the different people and what should be the opportunities for growth and development in recruiting, training and on-going on the job training. Incidentally, I think you might be interested to know because of the shortage of social workers, we have managed to use for the social work staff, people who have bachelors degree with some brief experience at least with another social agency, or health agency and they take some part time courses and of course we give them on-the-job training. If we had waited for MSW's I wouldn''t be standing here today.

Question: What were the three training areas you were talking about for the high school 18-month program?

Answer: I mentioned the three placements, child care, home for the aged and then a hospital situation for the chronically ill. So that they got child care, geriatrics and chronic illness. And then of course in their regular courses, the kind of thing we all try to include - home economics, budgeting, nutrition, personal care, child care, family relationships, geriatrics and the meaning of mental illness as a separate topic and the different health areas. And I think homemakers should be developed to a point where they will begin to fill in some of the teaching needs. As Dr. Worthington said, teachers are going to be in short supply.

Question: I just wanted to be sure what you meant by a guaranteed wage.

Answer: A guaranteed wage means what it says. That they are paid for a 40 hour week whether they are working or not. And then they are paid time and a half for any time over 40 hours. Where a homemaker sleeps over, the five days, she is paid for 16 hours straight time. And then, of course, there are all the fringe benefits. But, when a case is being prepared, and the homemaker is sitting by her phone waiting for a call, that is not leisure time. Our homemakers go where there are rats and roaches and children with all kinds of problems. Everything. Everything imaginable. My question is always where do we find these women. Case workers and the homemakers.

Question: Who rings the doorbells to find out neighborhood needs?

Answer: I mentioned it can only be neighborhood based. This was under the Office of Economic Opportunity. They set up community problem centers in each of the inner city areas and these people are known, I'm your neighbor, I live so and so and I'm from this office. This cannot be the social worker, the professional person. This is the neighbor who has training. It has worked remarkably well.

DEVELOPMENT OF THE RESOURCE GUIDE FOR TRAINING HOMEMAKER-HOME HEALTH AIDES

Dr. Berenice Mallory
Senior Program Officer for Secondary-Post Secondary Programs
Division Secondary and Adult Education DVTE/BAVLP
U.S. Office of Education

The committee which worked on developing the Guide was really started when Miss Amidon was still chief of the home economics branch in the Office of Education, but I was close enough to it to know that staff members in the Department of Health, Education and Welfare had been working together for a long time. Different ones, in the different groups in the department of homemaker service and the use of homemakers, were very much interested in promoting the use of more homemakers. They recognized there was a real need for materials to help people who were training homemakers. They were in the same position in homemaker service as they were in other areas. A lot of groups had prepared materials individually for which there had not been any overall guide prepared. As a group, they were interested in thinking about moving toward training programs which would have sufficient commonalities that homemakers trained in one community or in one state might be able to move to another location and be acceptable. Whenever a service becomes more and more common and more people become interested in it and are employed the whole matter of standards, or what's included in a program, becomes more and more important. It was this whole matter of moving toward some commonalities in the program that was of real interest to me. The Office of Education was interested in the guide because, as a part of the Vocational Act of 1963, there came the opportunity to contract for the preparation of curriculum materials. We could never before have funds for this purpose. But with the passage of this Act such funding became possible and so those of us in home economics have been thinking about the kinds of curriculum materials that seemed to be most needed, and where we would put the small amount of money we would have. We decided that there were two areas. One, we would like to do one program that would primarily be concerned with adults, in other words, some kind of occupational training program for adults. The other was post-secondary programs. And so, we have prepared, under contract, three curriculum guides that the people in home economics have been primarily interested in. One was this guide for training Homemaker-Home Health Aides. The two post-secondary programs included one on Child Care and Guidance and the other guide for preparing Institutional Food Service Supervisors. The guide for the Homemaker-Home Health Aides was the first contract of the three that was negotiated. The foreword of the guide is a good capsule of the facts about how it was developed and it is a very short one and it certainly puts all the meat together in those two or three paragraphs. The contract was negotiated between the Office of Education and the National Council for Homemaker Services.

It certainly was most appropriate for the Council as it is the national group that is looked to for interest and service in the whole field of homemaker service and it has been a tremendous force in stimulating the expansion and improvement of homemaker services throughout the country. There were two groups who assisted in planning the publication. First, there was an advisory committee including representatives of the field of social work, (Mrs. Brodsky was that representative), public health nursing, rehabilitation, psychiatry, public health medicine, home economics, nutrition and education. This committee did the basic work on the guide in terms of content. There was a writer employed who did a lot of visiting to homemaker service in various parts of the country to find out what was going on and who did the first draft of the material. In addition to this first committee, called an Advisory Committee, there were several technical consultants from the Department of Health, Education and Welfare. These people represented the agencies in the department that had been interested, in the beginning, in this guide. We had representatives from the Bureau of Family Services and the Children's Bureau in the then Welfare Administration. The Division of Medical Care Administration of the Public Health Service had a representative on this committee and there were representatives from the Vocational and Technical Education Division of the Office of Education.

It is a resource guide providing resource material for planning a training program. It does not outline a program. In other words, there are ten units that are suggested as units in the training program but there is not any indication of how much time should be spent on each of these units. If you are not giving all of it, there is not any indication of what is best to leave out. It simply is resource material to be drawn upon by people who have responsibility for planning programs. The guide does suggest possible allocation of time, however, for various units of a hypothetical 40-hour course. It indicates if you are going to give 40 hours pre-service training, you might like to divide it this way. It is based on experience and the good judgment of the people who worked on it. But it has not been tested out in any way. It leaves it to each group to decide which units to include in the training and the amount of time to be spent on each. I think even with the little bit of discussion we have had here today, we have heard the difference about the different emphases in certain programs, some in which primary interest is in serving older people. Obviously, if you are training homemakers whose major time will be spent with the elderly, in a training program you would include more time on that phase. There are some homemaker services that do not give service to homes where there are children. In that case, I'm sure there will be some changes again in emphasis. The guide gives some ideas for the selection of trainees. It suggests some of the characteristics of successful homemakers, but these suggestions are quite general and they do not set up a strict procedure. One of the great values of having this group of representatives of a variety of agencies will be the opportunity to exchange ideas and find out different procedures that are used by different agencies and different groups in selecting trainees. There was a real effort in the guide to emphasize the importance of adequate supervision of your Homemaker-Home Health Aide. If we pointed out certain mistakes that have been made in relation to training programs and services, we probably would mention that some of the most serious results that have not been satisfying have come from not providing adequate supervisory services and other supporting services for homemakers. We try to make it very clear in the manual that we should be sure that before persons are trained for Homemaker-Home Health Aides that the training program has the support and backing of the agencies that will employ the homemakers. And certainly there is nothing worse than training people for jobs and then not having any jobs for them. And I think this makes it imperative that the groups that are training and the groups that are employing, work very closely together in order to avoid this mistake. I'd like to mention a few needs as I see them and these come out of the experience I've had in working primarily in the field of vocational education and as I worked with the people that prepared the guide. One of the needs that seems to me to be important for this group to think about would be to determine, if possible, what is a core or basic training for all homemaker-home health aides. Can we arrive at a core - something we say every homemaker-home health aide needs? For instance, what are the common duties and what do they need to know in order to perform them? How much training for homemaking should they have? Should all homemakers have some training for personal care? And then, in addition to this, could we come to some decision about the opportunities for in-service training that every group should be thinking about in order to make it possible for Homemaker-Home Health Aides to keep up to date and to also move up in the career ladder, that is she might remain a Homemaker-Home Health Aide but she would be able to increase her salary and take some kind of specialized duty or even move up from that category into something else. Now, when we talk about opportunities for in-service training, it seems to me we also ought to be thinking about not only the opportunities for in-service training that can be provided by the agency but also opportunities that will allow people to get college-based or school-based courses that make it possible for them to move up the career ladder. We're finding more and more that many of the people who come into these entry-level jobs and in various occupational areas have real potential for growth if their program is set up to make it possible. The other thing that would be important to think about would be the needed supervision that I mentioned earlier. Another need I see in it is working toward becoming more specific about training needed for homemakers working in specialized situations. For instance, Mrs. Stevens mentioned working with the aged. What are the particular things homemakers need who are working with older people, with children, when the family needs help with homemaking skills as Mrs. Brodsky brought to our attention. The homemaker who needs to be taught how to be a better homemaker with money management. Another need, as I see it, is for the educational agencies to work with the agencies that are employing and now, for the most part, doing the training of the homemaker-home health aide to see what plans can be worked out for sharing the training program. One of the interesting things to me, as I worked with the people who were preparing this guide, was the assumption that the training for the Homemaker-Home Health Aides would be done by the agency and this is perfectly natural because this is the way the training has been done. We have not in vocational education, either in high school or post high school, by and large, trained a large number of Homemaker-Home Health Aides. There are some very successful programs. It is going to take a tremendous amount of cooperative work because all of the practical experience that the homemaker gets on the job as she works on a one to one basis and learns will have to be continuous. We must provide that but how can this be shared and how can several agencies work together to get some common training programs and sharing in cost and service.

One other thing I had listed that I think is important and that is this guide is keyed to a program for mature workers. I believe that I'm correct that the best age is for 35 to 50. I know that Mrs. Anderson has been thinking about the kind of training program that Mrs. Brodsky mentioned. The great need for younger persons. I know that she has talked to Alberta Hill in Iowa State University, about the possibility. She is going to be here later in the week. Something for younger people. One other thing that I think is important: Shouldn't we be thinking about what kind of training is needed and the suitability of certain kinds of service for younger persons who might be trained at the high school or post-high school level? I hope we will begin to set up some experimental programs to get some answers to some of the kinds of questions that puzzle us. For instance, could we experiment in designing and carrying out some studies to test out the different length programs? Maybe, some of these things I'm suggesting you have already done. I'm not really sure, but I know in many of our school programs we say, well I don't know the lessons go 50, 60, 70...And nobody really knows why they go in 10's instead of 5's. If we could work on some ways to test competencies of trainees before they begin training it would be helpful. We need some tests to find out what they really know and what competencies they have so that we don't repeat and train them for something they don't need. In the same way we can find out what they lack. Then test out various plans for keeping homemakers up to date and giving them new skills. I don't think we have even begun to make adequate use of the various new kinds of media that we have in education. At the American Home Economics Association this week some of us had opportunities to hear about some of the things they're doing. Programs by radio for instance that are beamed to certain groups so that they don't have to leave home but they can really get an in-service program sitting in their own living rooms. There are all kinds of opportunities - possibilities - for educational TV. And it seems to me that these are opportunities we want to take advantage of. In closing, I would like to read a few remarks from a talk Mrs. Winston made at the Forum this spring. And I want to close with this because I think that it is important that we keep in mind the thought that Mrs. Winston expressed. And I think all that I've been saying could precede what I'm going to quote from her now. "This could all become quite complex or it can remain relatively simple. The essence of Homemaker Service as historically developed was a simple helping process. It must be kept that way. In Homemaker Service we have a generic service geared to everyday needs of people in a wide range of circumstances with great diversity of special problems. What they all first require is a clean place to live, adequate food, fresh clothing, often personal care, all provided with the efficiency and understanding of and with the personal touch that is so often lacking in our increasingly impersonal world. Even in many other services provided by health and welfare services fortunately the leaders in the field of homemaker services are committed to simple services, simply rendered. However, we must keep this firmly in mind so that the homemaker is free to do just that and so that the administrative procedures involving the homemakers directly are kept to a minimum. As a good reporter, she will alert the team to more complex needs."

It seems to me that Mrs. Winson is indicating a concern of people in the field of homemaker services. If homemakers get so entirely specialized they will lose some of the great value that they have had. And I cannot really be very specific about this, but I think that it emphasizes the importance of having them well trained, but also emphasizes adequate supervision and adequate support. That opportunity be provided so that they can call on a variety of other services. We need to train Homemaker-Home Health Aides for an agency that is in a position to employ them and to give them the backing they need. This is a tremendous responsibility. It's a real exciting one though and I want to end with a story on hidden abilities. It's taken from a Peanuts cartoon. Linus is talking and says, "Everyone is so upset that I didn't make the honor roll. My mother's upset. My father's upset. My teacher's upset. The principal is upset. Good grief! They all say the same thing. They're disappointed, because I have such potential. There is no greater burden than a great potential." That is what I believe about Homemaker-Home Health Aide training programs. It's a heavy burden, but there is a great potential.

PANEL: "DEVELOPMENT AND ORGANIZATION OF HOMEMAKER-HOME HEALTH AIDE SERVICES AND INTERRELATIONSHIPS WITH OTHER AGENCIES"

Moderator: Mrs. Ruth Bien, R.N.

Question 1: How do we assess the community's need for Homemaker Service?

MRS. STEPHANIE STEVENS, Homemaker Specialist, Social and Rehabilitation Service, Administration on Aging, DHEW.

To help determine what the need is, we want to select a committee that would be representative of the community...An advisory committee must look at the need and the community resources. This may lead to setting up an agency or looking at the existing agencies in terms of the feasibility of an existing agency taking on the provision of this service.

MRS. H. IRVING DUNN, President, Visiting Homemaker Association of New Jersey.

When Homemaker Service started in New Jersey, the primary objective was to lessen the emotional, physical and financial toll on long term illness by making it possible to care for the patient in his own home. This would also free hospital beds for the acutely ill. Service was later extended to those with short term illnesses.

Question 2: Who certifies, surveys and supervises local agencies, particularly to see if they are meeting Medicare participation requirements?

MRS. ELLORA MEYER, Nurse Consultant to Health Facilities, New Jersey Department of Health.

My primary duties are those of survey and resurvey of activities relating to home health aides agencies. For a home health aide agency to be certified by the social security administration they must be in compliance with all twenty-four aspects of Conditions of Participation for Home Health Agencies. When an agency provides home health aide services, they must be in compliance with four of these conditions. Nos. 15-18.[1]

In New Jersey there are fifty-three certified home health agencies. All except four of them provide home health aide service, and all of these agencies (except one in which the home health aides are on the home health agency staff) are provided by contractual arrangements with the homemaker agencies.

MR. HARRY FISHER, Representative of Medicare Professional Relations, Prudential Insurance Co.

The home health agency is certified by a state agency. In New Jersey, this is the State Office of Certification of Medical Facilities, which surveys the agencies that apply for participation and recommend that they be certified in the Medicare program. The Medicare intermediary (Prudential Insurance Company in New Jersey) deals with the home health agency. We do not deal directly with any of the homemaker organizations.

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[1] U.S. Department of Health, Education and Welfare. Conditions of Participation for Home Health Agencies, Washington: 1966, pp.13-15.

MRS. MEYER:

Reimbursement is made to the home health agency, which in turn pays the homemaker service according to the contract.

MRS. CLEORA WHEATLEY, Coordinator, Homemaker-Home Health Aide Services, New Jersey Department of Health.

Supervision of local agencies comes from the Department of Chronic Illness, State Department of Health. I survey Conditions 16 and 17[1], "Selection and Training of Home Health Aides". When going into an agency I ask the director, "How do you recruit? Can your applicants read and write?" I always examine the folders of the homemaker home health aide who has worked with that agency the longest and the shortest, and maybe some in between. This is one sure way to know how the homemakers fill the requirements of selection.

I ask, "What is the cost of the service? What is the cost to the community?" Medicare pays the full cost. In New Jersey, this is from $1.90 to $2.25 per hour.

Question 3: What is the impact of Medicare on HHHA service?

MR. WILLIAM ZERBE, Assistant Regional Representative, Bureau of Health Insurance, DHEW, Region II.

In most of the agencies we survey, about eighty percent of their patients are Medicare or Medicaide. This is picking up a good percentage of their cost. Part A of Medicare entitles everybody over sixty-five to hospitalization. This not only includes hospitalization up to 150 days, but includes one hundred days of care in a certified nursing home or extended care facility, and up to one hundred visits by a home health agency, which includes the homemaker service. We pay one hundred percent of this cost. We pay for patient care. We don't pay for services of a domestic or housekeeping nature unrelated to patient care.

Question 4: Who is responsible for training homemaker-home health aides?

MRS. WHEATLEY:

Here in New Jersey we have a manual that predates the manual of the National Council of Homemaker Services. The Health Department is responsible for the manual. It is ready to be revised because of Medicare, which emphasizes the need of personal care for the patient.

MRS. DUNN:

The big difference between our course of 1960 and 1966 is the change of emphasis from "homemaker" to "home health aide". Previously three hours of pre-service training were spent on Personal Care--now it is twelve hours.

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[1] U.S. Department of Health, Education and Welfare. Conditions of Participation for Home Health Agencies, Washington: 1966, pp. 13-15.

MRS. WHEATLEY:

The State Department of Health pays for the instructors to teach the thirty hour pre-service course for training Homemaker-Home Health Aides. The public health nurse supervisor gives on-the-job training in the home.

Question 5: What trends and recent changes have affected and will influence HHHA Service?

MRS. STEVENS:

The 1967 amendment to the Medicare Act will permit, for the first time, the purchase of homemaker service from voluntary as well as public agencies by public welfare for their assistance recipients. The policy on this service has not yet been issued.

MR. FISHER:

Revision 7 of the Home Health Agency Manual (May 1968) liberalizes the coverage of home health aide services. For example, the service of buying food, incidental care to another member of the household, and one hundred hours of home health aide service per month are now reimburseable.

MR. ZERBE:

The Homemaker-Home Health Aide concept, as well as the agencies themselves, have to change their minds on some things. The position has been that the Homemaker-Home Health Aide goes to somebody's house, stays four hours, and that's her day's work. I think we're going to have to move, more and more, into the semi-professional field. The scarcity of nurses is going to raise demands for a new type of Homemaker-Home Health Aide, probably a salaried person who has a car, who might possibly make four calls a day. At one place she might give a bed bath, at another prepare a meal, etc.

Continuity of care is important. It means that you give to the individual the care to which he is entitled - at the least cost. This in turn calls for an extended care facility as well as home care facilities, providing care at the level of the individual's needs.

A COORDINATED ADULT PROGRAM

Dr. Esther Caldwell
Consultant
Home Economics and Women's Occupations
Orange County, California

The Orange County, California, program in training home health aides was started in 1966, when the Public Health Department and Visiting Nurse Association felt the need for this type of service. The curriculum was developed by the junior college instructors who worked with the health department, and includes:

		Hours
1.	Orientation	4
2.	Families	6
3.	Care of the sick and convalescent	30
4.	Care of the elderly	10
5.	Foods and nutrition	30
6.	Housekeeping	16
7.	Community Resources	4
8.	Clinical practice	20
	Total	120

Twenty students are required to open a joint class for training nurse and home health aides. Recruitment is done by both the junior college and the public health agency. Students are accepted into the program without screening, as they apply, with a new class starting every seven weeks. Out of a class of thirty, generally two or three indicate a desire to be a home health aide. Students must be over twenty-five years old to enroll, and the average age is between thirty-five and forty. The students must have a white uniform and shoes, a standard name tag, and a watch with a second hand.

After completing the training course, the home health aide applies for state certification, and is then ready to be referred and paid by the Visiting Nurse Association of Orange County. Full time home health aides are paid $325 per month with full benefits. The home health aide visits from four to seven patients a day, performing only those duties that have been assigned. She calls her immediate supervisor, the visiting nurse, each day to report and receive instructions. Orange County currently has approximately three hundred patients under home health aide care. If it is felt that more housekeeping services are necessary in a patient's home, a home attendant is requested from the public welfare department.

PLACEMENT OF A HOME HEALTH AIDE

CRITERIA

The patient's primary need is personal care.
One or more members of the family are aged or chronically ill.
The patient and the family are willing to have the aide.
The patient can be cared for safely at home.
The patient's physician is willing to have such service for his patient.
No family member is available to give the assistance needed, or the family member usually caring for the patient is ill or incapacitated.
A responsible person is available to work with the agency (this can be the patient).
The patient must be open to nursing service.

PRIORITIES

Patients with potential for rehabilitation.
Patients living alone all or part of the day.
Temporary relief for a family with a patient who has a chronic illness.

HOME HEALTH AIDE SERVICE

WHAT CAN THE HOME HEALTH AIDE DO?

Help the patient...
  With a bath, care of the mouth, skin, and hair.
  To the bathroom, or in using the bedpan.
  In and out of bed and assist with ambulation.
  With prescribed exercises which the patient and the home health aide have been taught by the professional nurse or the registered physical therapist.
  Relearn household skills.
  With eating, preparation of meals, including special diets and shopping.
  Perform some household tasks that the patient is unable to do.

WHO MAY HAVE A HOME HEALTH AIDE?

Residents of Orange County whose physician certifies that such service is needed.

A STATE PROGRAM - ARIZONA

Mrs. Phyllis Alvey
Director
Family Health Assistance Program
Phoenix

Mrs. Georgeanne R. Fimbres
Instructor
Family Health Assistance Program
Tuscon

"We Care" is the motto of Arizona's Family Health Assistance Program. The Family Health Assistant course, begun in 1965, is a short term program involving both Home Economics and Health Education. The course content includes:

	Hours	
	15	Preventive health--nutrition, food management and special diet practices
	18	Supportive home health care
	12	Human relations and special needs of families in stress
	6	Care of children in the home
	4	Home management
Total	55 hours	

Aimed at filling an existing employment need, the basic course is an evolving, not static one. It has helped Arizona to have a pool of trained people ready to work.

Upon certification, students are helped to find jobs through their association, which supports a registry; through the employment service, which keeps a separate record; or are evaluated and screened for extended health education as home health aides, nursing home or hospital aides, or as practical nurses.

The basic course opens more than the door to employment. It has stimulated the growth and development of women who thought there was none ahead for them. Family Health Assistant students come from all socio-economic groups. The Welfare Department, Family Service Division, has sponsored students and paid their tuition of twelve dollars each.

The student alumni association keeps the class membership together as a group. They meet once a month for some in-service training, and thus are able to keep track of each other and what the others are doing. Small dues are used for social activities and educational materials. They plan to maintain a library for their use.

Records of students are maintained as part of the educational process. Evaluation, begun with the initial enrollment interview, continues throughout the training period. Final evaluation takes place on the job and relates to trainees' ability to satisfactorily perform the duties of the occupation as well as their ability to secure and keep a job.

The concept of "caring about" and "caring for" has brought stature to this service occupation. It is a concept that should be developed and enlarged as we plan and promote other occupational service courses for women.*

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* A more detailed report of the Arizona program can be found in an article entitled "We Care", by Kay Paxton, in the American Vocational Association Journal, April, 1967.

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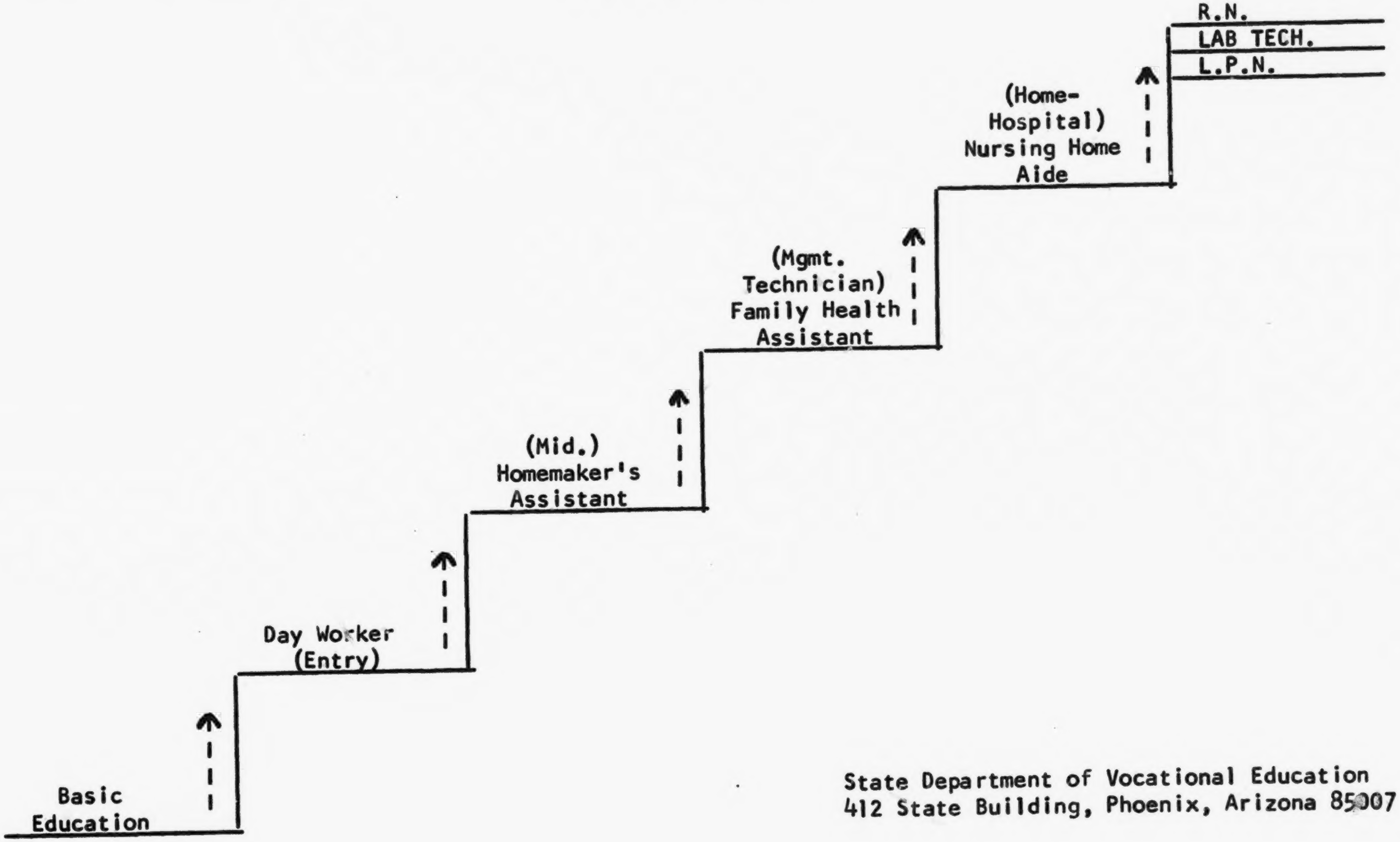
OCCUPATIONAL TRAINING STEPS USING HOME ECONOMICS KNOWLEDGE & SKILLS


R.N.
LAB TECH.
L.P.N.
(Home-Hospital) Nursing Home Aide
(Mgmt. Technician) Family Health Assistant
(Mid.) Homemaker's Assistant
Day Worker (Entry)
Basic Education

State Department of Vocational Education
412 State Building, Phoenix, Arizona 85007

COMPARABLE TASKS HOMEMAKER OCCUPATIONS

	SUPERVISED	SEMI-SUPERVISED	PROFESSIONALLY SUPERVISED
	Entry Level	Mid-Service Level	Management-Technician
AREAS OF SERVICE IN HOME	DAY WORKER	HOMEMAKER'S ASST.	FAMILY HEALTH ASSISTANT
	All cleaning scrubbing, waxing, laundry	Light cleaning plus child care	Management-plus light cleaning-plus child care-care of aged-supportive health
FLOORS	sweep scrub wax	dry mop damp mop	dry mop damp mop
CARPETS & RUGS	sweep clean vacuum	sweep vacuum	sweep vacuum
FURNITURE	wash dust polish	dust	dust
WALLS & WINDOWS	wash clean		
KITCHEN	clean tile clean stove clean refrigerator	clean sink area, top of stove and counters - wash dishes	clean sink area, top of stove and counters wash dishes
BATHROOM	clean tile clean fixtures	wash and sanitize	wash and sanitize
CLOSETS-CUPBOARDS	clean		

	Entry Level cont.	Mid-Service Level cont.	Management-Technician cont.
PERSONAL SERVICE	answer phone take messages	answer phone take messages	answer phone take messages
CHILD-CARE-ASSUME RESPONSIBILITY		Supervise rest, creative play activities. Prepare, serve light meals. Follow instructions concerning--limits and discipline. Dress as necessary. Bathe. Observe good hygiene rules. Prevent accidents. Act in emergency.	Supervise activities, rest and creative play. Prepare, serve light meals. Set limits, discipline. Bathe, dress as necessary. Teach and apply rules of good hygiene and behavior. Prevent accidents. Act in emergency.
CARE OF AGED			Bathe, dress, feed as necessary. Prepare special diet-food when necessary. Assist with personal hygiene, (care of mouth, skin, hair). Assist in transferrals, ambulation. Assist in activities. Write letters--read. Maintain clean, sanitary surroundings. Transport to agencies (as necessary). Budget, shop, store, prepare food. Answer phone, door. Take messages. Deal with trade persons. Perform supportive health care tasks under supervision of professional specialist when required. Make-change bed. Do light laundry (with equipment). Prevent accidents- Act in emergency.

	Entry Level cont.	Mid-Service Level Cont.	Management-Technician cont.
FOOD & NUTRITION		May plan, prepare and cook - serve food - may feed pets	Plan menus. Shop, store, prepare food. Serve food. Prepare and serve special diets.
SUPPORTIVE HEALTH CARE			Assist handicapped or incapacitated persons Bathe, dress, personal hygiene Assist in transferrals, ambulation Make bed - change linen Maintain clean, sanitary surroundings Assists - rest, activity schedules Prepares food, special diet (as necessary) Feed (as necessary) Do errands Write letters Answer door and phone Take messages Do light laundry (with equipment) Care tasks under professional supervison when required Keeps records Acts in emergency

SYMPOSIUM: "THE MANY FACES OF HOMEMAKER SERVICE"

Mrs. Ruth Bien, R.N.

There are as many faces to homemaker service as there are people. We can't define the service without remembering the person who gives the service--the one person who cares about a whole family or situation. The homemaker today fills the role of the neighbor or relative, in times gone by, who was available to take over in times of crisis.

While a homemaker cannot be all things to all people, her job can be broken into four facets of responsibility: care when there is a new baby, the emergency situation role, continuous support during long term illness, and preventive services where the homemaker quietly assumes responsibilities to help someone get away from their problems, perhaps preventing a mental breakdown.

Mrs. Eileen Palladino, Staff Consultant, Mercer Street Friends Society, Trenton.

The Mercer Street settlement house is located in a ghetto neighborhood where the poor often cannot afford homemaker service. With help from welfare, the agency went into these homes and found a complex of problems, not necessarily relating to health care, the original reason for entry. It was found that many homemakers were able to communicate effectively with the poor, as many had dealt with similar problems such as welfare aid and lack of spouse in their own lives.

The agency extended homemaker service into the field of social work. A group of especially capable homemakers were given specialized training in the functioning of the total family. These homemakers working in socially deprived areas are called "home visitors". On a contract basis, the agency now specializes in preventive services--dealing with a personal or family crisis before the situation has completely deteriorated.

The home visitor often sees a way out of problems that a professional may not. They deal with four particular areas of problems. First, there are many older people living in the city without family or friends. Many can function independently with some assistance. For example, a home visitor might arrange for a new place to live or contacts with other people. Some home visitors who speak Spanish work with families who have trouble communicating meaningfully in English. Many problems vanish, for example, if the homemaker can bridge the gap between home and school for the child in the family.

With homes being condemned and families displaced because of urban renewal, home visitors help to expand the abilities of families to be acceptable in a new neighborhood. In addition, home visitors work with young people who are seeking employment, helping with such problems as grooming and the spending of money.

Each home visitor works with about twenty families. It is found that she intuitively senses if something is wrong or if a problem is beyond her capacity, necessitating referral to more competent help. The strength of the home visitor is that she provides a model with which a disorganized family can identify. She starts by developing a friendship, allowing the person or family to be dependent on her. She identifies the problems, objectifies the problems, and when the family or individual is in a position to solve the problems the home visitor gradually pulls out of the picture.

Mrs. Gretchen Kupferman, Administrator of CHANCE, Bureau of Special Services, Department of Social Services, New York City.

In New York City we have been employing select and experienced Homemakers in a new and challenging way - in a group-oriented Family Life Education Program, which we named CHANCE, the letters of which stand for Classes in Home Arts, Nutrition and Consumer Education.

The program was established in August 1964 as a program for mothers on Public Assistance. We decided we would experiment with some program that would involve mothers and bring them out of their homes into an informal group experience. The program had, as its objective, the strengthening of family life by helping the mother to improve her standards of home and income management, health and family care, by broadening her understanding of her parental role and by encouraging her to a greater use of community resources and participation in community life. Although not a prime objective of the program, for some mothers participation in the course has motivated them to seek further educational or vocational training and/or employment.

CHANCE is unique in that it is the only program we know of in which Homemakers and Social Service Supervisors use a team approach in an educational program with mothers. The program is neighborhood-centered in deprived areas in the city. Training is provided to groups of 15 mothers in each of the 12 centers established in 4 or 5 room apartments in low-cost housing projects. The centers are set up as model apartments and furnished generally according to the standards set by the New York City Department of Social Services, with additional furnishings and equipment necessary for training and demonstration.

Each center is staffed by a supervisor who is the head teacher and who is under the direction of a field case supervisor; two homemakers and a typist who serves as secretary for the center. The homemakers assist in the teaching, take the mothers on field trips and conduct the practical demonstrations to illustrate the lessons. The homemakers also visit the trainees' homes to give individual practical help, and to confer with the client in meeting their needs in clothing, furniture and household equipment. Each of the trainees is brought up to standard in material needs to enable them to put into practice the training given in class.

The homemakers are selected for their ability to relate well in a group and on the basis of their past performance in training the inadequate and inexperienced mother. Some of the homemakers are

Spanish-speaking and are assigned to those centers with heavy enrollments of Puerto Rican mothers who comprise about 38% of the student body. The homemakers translate the lecture part of the lesson and in many ways help the Puerto Rican mother in the learning process.

At first, the role of teacher was a strange and challenging one for the homemakers as well as the supervisors and intensive training was provided in concepts in group relationships, theory of learning and methods of teaching. We had our difficulties, too. In the process of implementing the team approach by the staff, the supervisor-homemaker relationship suffered somewhat and the workers required a great deal of our support. With time, experience and the help of a specialist, group work relationships were improved and mutual understanding and cooperation effected.

Home Economists assigned to the program provide technical in-service training and offer consultation on the curriculum and on the maintenance of the apartment. They recommend modification in course content where required, and assist the Administrator in planning on curriculum and establishment of new centers.

Participation in the program is voluntary and a training stipend of $10 a week is provided. In addition, the mothers receive a grant for two uniforms, and carfare, where required, to travel to and from the center, as well as a baby-sitting fee, if needed.

The curriculum consists of: Consumer Information and Protective Services; Budget Management; Nutrition, Meal Planning, Marketing and Preparation, Storage of Food; Standards in the Selection and Care of Clothing, Linens and Furniture; Sewing; Simple Home Decoration; Child Care; Simple Home Nursing; Family Planning; Information on Community Services and F$_a$cilities. Discussions are also held on training and employment opportunities and Preparation for Employment (work habits, proper dress, etc.), drug addiction, coping with Teenagers, educational and work opportunities for children.

Classes are six weeks long. The 30 sessions of the course provide training thru lectures led by staff or outside specialists and invited speakers, class discussions and practical demonstration with class participation. In addition to regularly scheduled speakers from the Department of Health and the Board of Education and other community agencies in connection with the health and school problems of their children, there are other guest speakers from the Community Anti-Poverty Programs, Head Start, Mental Hygiene Clinics, and others. Field trips to department stores, supermarkets and furniture stores as well as trips to places of educational or recreational interest are part of the curriculum. A special feature of the program is the preparation and partaking of a daily snack as a practical demonstration of the use of surplus foods. At the end of the six weeks, mothers are awarded a certificate of attendance.

The curriculum as outlined is merely a guideline for the supervisor, who is free to gear discussions to the needs and interests of the mothers. Classes are informal and the mothers are encouraged to express themselves, to identify their needs and seek resolution.

We found that communication is easier in a small group then in the casework interview. An interesting observation has been the realization that the mothers find it easier to initially relate to the homemaker. In time, the homemaker is able to steer the mother to the supervisor for help with her problem. Often she served as a role model for the mother, some of whom went on to employment as Civil Service Homemakers. Not surprisingly, the mothers discovered much strength and hope in themselves. They voiced their problems and found that they were not alone in their fears and frustrations. They were enabled to articulate their negative feelings about welfare, and in turn learned how the agency operates and what is expected of them. The learning experience was often followed by a change in attitudes and behavior, an ability to cope, a feeling of new confidence and greater worth and a growth in personality. In some cases the increase in self-image led to a desire for greater self-sufficienty as a result of which some mothers were referred for educational or vocational training or employment.

We were able to help the mothers in many ways we had not originally thought about - how to cash checks at a bank, how to use the transportation facilities in New York City. Many mothers had never been outside of their local area, and it was stimulating to the mothers to learn about the many free recreational and cultural activities and facilities in the city for their children and themselves. In many cases, the impact of the group experience had a salutary effect on their children. Some mothers were able to persuade their drop-out children to return to school - many were able to effect a more stable family relationship in which members of the family were drawn together more closely.

Training of the staff is based on a continuous evaluation of our goals and whether they are being met as well as on the reaction and response by the mothers. In addition to training in methods of teaching and in the technical aspects of the curriculum, both the social service staff and the homemakers are trained in the social group work method. Another training aspect is involved in the community contacts and cooperative relationships with agencies and local organizations which help us to bring back to the clients the community developments and public information available, and to inform the community of theclients' needs.

Over 4,000 mothers so far have attended these classes. Not only has this program had a considerable impact on the mothers who have participated in this program, but for the CHANCE staff it has been a meaningful, and rewarding experience, both in the gratifying results for the mothers and because of the effectiveness of the team approach.

Miss Helena Mullen, Nursing Consultant, Division of Medical Care Administration, Public Health Service, Region II, DHEW.

How far away we are from realistically identifying and meeting human welfare needs!

For years, authorities have considered a staff of one nurse per 2500 population necessary to provide high quality public health nursing services including care of the sick. None of the agencies surveyed (in 1966) approached this ratio. The average ratio reported was one nurse per 9425 population.

Available data indicates a relatively slow growth of Homemaker-Home Health Aide Services in the array of those who should be available for comprehensive care.

The complex and sometimes chaotic health and social context of today's families have important implications in selection, training and supervision of aides. Comparability between training programs is practically non-existent. There are all kinds and degrees of variables. When you recollect that the professional nurse spends more time in direct contact with a patient and family than does the physician or therapists and the Homemaker-Home Health Aide is there longer than anyone, is it fair to this entry level health worker or to the patient and family or to the professionals involved not to provide a broad based program? Social or health problems rarely exist alone. The turmoil in our society requires adjustment in thinking about health, about education and about welfare and we are trying to accomplish today's job with yesterday's concepts. Community agencies need to unify their services to provide an umbrella which will adequately cover the community's need for service. Right now there are holes in the umbrella as we both know. We need trainees who will be able to absorb the shocks in providing service - not staggered by them. This involves some prescience and indicates that the professional nurse and social worker should be involved in selecting trainees. A broad based education program should involve a multi-discipline facility: physician, professional nurse, social worker, nutritionist, home economist, physical therapist, and personnel with mental health preparation. Classroom instruction plus pre-service experience under close appropriate professional supervision with real live patients in the home is so necessary. Since there is no Mr. Average Chronically Ill and since every patient's status fluctuates there must be an on-going professional assessment of patient needs and re-evaluation of time and task assignments. We need workers at every level whose preparation enables them to be elastic in expanding and contracting as the patient and family focus indicates and we desperately need agency administrators and more professionals who have a seeing eye, an understanding heart and a helping hand to each other. This beautiful prose poem which I want to read to you was composed recently by two Public Health Nurses on the staff of the Visiting Nurse Service of New York and it summarizes what I have been trying to say - that our kind of challenges, yours and mine, are found in a spiral environment - always changing in action but never changing in motive: to provide the finest quality in service to people.

CONFRONTATION

I stand at the ends of busy streets
Of rusting fences, work stoops and defaced entryways;
Asphalt ballfields, abandoned care-mountains and nature-less lots;
Idle men at mid-day, din-tin music and graffiti-covered walls
Or
Polished facades, doormen and French speaking infants.
And think how lucky I am that I'm not committed
To a fixed program.
I walk among the uprooted, the restless
Up grimy stairways whose walls shout the search for identity:

"Tickles plus Chino
4 - ever"
I open doors on myriad conditions of physical and spiritual needs;
Enter homes where love covers a multitude of sins.
And while still a guest, I listen and appraise;
Perhaps to learn of unexpected needs.
Confront a 14 year old gazing in unbelief at the child she has conceived,
And know the immiscible mixture of youth and age;
Then witness the first glow of pride in mothering.
Provide a sur-cease from pain and dis-ease.
Renew the will to live.
See one take control of his destiny whose experience had convinced him
Life is fortuitous.
And I feel a sense of wonder at the heroism which belies the handicap.

How can I say it in newer words?

By: PHYLLIS RYCROFT, R.N.
KATHERINE M. YORK, R.N.

Morrisania Center

Mrs. Julia Keyes, Director, V.N.A., Middlesex County

Only two years ago, when Medicare first started, our Visiting Nurse Association was introduced to a new co-worker, the homemaker-home health aide. Before that we had worked with them in a kind of stand-off-ish way. The relationship between the V.N.A. and the homemaker-home health aides was difficult at first, because the home health aides had two bosses--their supervisor and, because of Medicare, the V.N.A. To help the home health aides relate to one person instead of a whole agency, our V.N.A. did appoint a homemaker-home health aide care coordinator. We attend the HHHA monthly in-service meetings.

The visiting nurse staff learns a lot from the home health aides. In their own way--not in clinical or medical terms--the home health aides tell us many things about a family situation that the nurse who is in the home only an hour or so a week fails to recognize.

We recently took another step forward in our relationship in that the V.N.A. now shares in the orientation and preservice training program for Homemaker-Home Health Aides in Middlesex County. Now we are talking the same language and can really be health team partners.

THE CONTRIBUTION HOME ECONOMICS RELATED OCCUPATIONAL PROGRAMS CAN MAKE IN THE SELECTION AND TRAINING OF HOMEMAKER-HOME HEALTH AIDES

Dr. Alberta D. Hill
Head
Home Economics Education
Iowa State University
Ames

Beliefs-Common and Not Common

I do not speak as an expert on the training of Homemaker-Home Health Aides, but I do have some strong feelings about this service and perhaps I better share them with you so that you will be aware of the bias from which I speak. But, my feelings about this are not really so important as your feelings about it. And so, before I begin, I would like you, not singly, but in groups of about 3 to take a look at some of the strong feelings you have that would affect how you would go about training Homemaker-Home Health Aides. Take a clean sheet of paper. On the upper half of the paper write down something that is a common feeling or belief that the three of you agree on. At the bottom half of the page write down some beliefs, strong beliefs or feelings that maybe one of you has that is not common to all three of you. These can be beliefs that you have about Homemaker-Home Health Aide services or beliefs that you have about education and training that might affect your approach to this problem. Take 7 minutes or so to do this.

Summary of small group work on beliefs.

Common Beliefs

1. Training should be job-related.
2. Training should be comprehensive.
3. Service should have built-in possibility of advancement.
4. There is a need for the service and properly trained Homemaker-Home Health Aides can fill that need.
5. Training programs need to be varied to meet the needs of the trainees.
6. There is an open door of opportunity for the Home Economist to make a contribution to the community.
7. The Homemaker-Home Health Aide is a "stepping stone" to para-professional fields.
8. Homemaker Service enables many individuals to find a satisfying means of expressing interest in others.
9. The needs of the Service are great and the results satisfying.
10. The Service should be for all in the community.
11. Cooperation between agencies and schools for training is imperative.
12. Vocational education has a definite place in the training program for Homemaker-Home Health Aides.

Questions and Beliefs that are Not Common

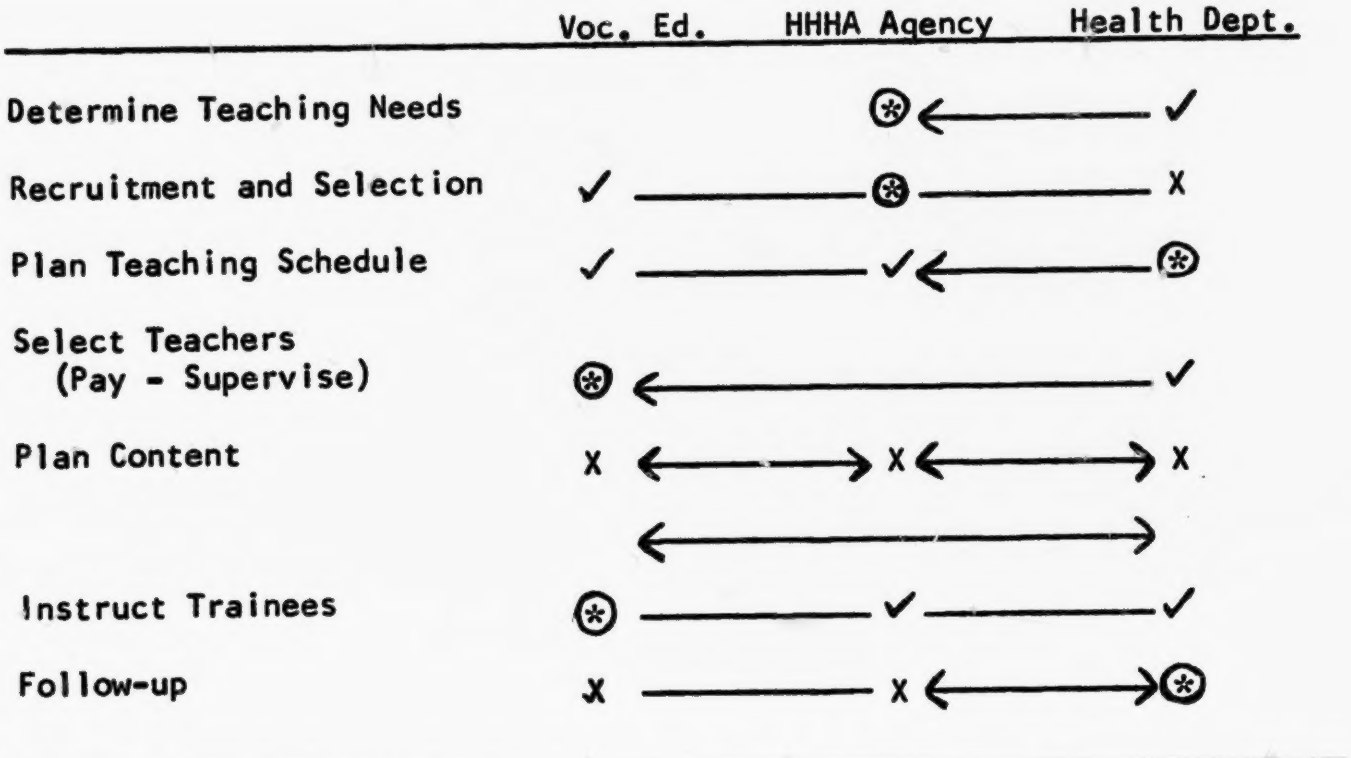
1. Clarification of roles
2. Goal - family and individual rehabilitation
3. Comprehansive service: Home Health Aide only partial solution
4. Uniforms and training should be paid by agency.
5. Need a central agency to train Homemaker-Home Health Aides.
6. The age of the trainee
7. The scope of activity and responsibility--in health and homemaking areas--for the Homemaker-Home Health Aide.

My strong feelings or beliefs reflect some of yours:

1. It can give you a better feeling, knowing that you are part of a working, performing service or being served.
2. All people should have an opportunity to continue their education in all ways as far as they can go. All education should be open-ended.
3. There is no one way to do anything anymore. There is certainly no one way to prepare people for a job, no one way of organizing a homemaker agency.
4. As to the duties of Homemaker-Home Health Aide - what she should do and what she should not do - it all depends - if an elderly person for whom a HHH Aide assumes some responsibility likes to sit in front of a window and watch passers-by on the street, and the window is dirty, then wash the window.
5. As this service extends to more places in more communities, we can no longer look for selected potential trainees who are already practically ready for the job, but we will need to recruit from those who will need some additional training.
6. I have noticed and caught at least to some extent the feeling from the Directors of Homemaker Services in Iowa that if you can help people just a little bit, they very often can do a great deal to help themselves.

Cooperation of Agencies in Training HHH Aides.

Connecticut, like a lot of other states, developed a variety of homemaker services in the state, some of them are very old, but most of them developed in the '60's. They are the variety of the kinds of agencies that you have in many states, under Red Feather, Community Chest, church groups, public health agencies, etc. There is one person in the State Health Department particularly responsible for Homemaker Services and there is a person in the Division of Vocational Education who has been assigned a similar responsibility. The following chart indicates primary and secondary responsibilities among these two Departments at the state level and the local HHHA Agency.



	Voc. Ed.		HHHA Agency		Health Dept.
Determine Teaching Needs			⊛	←———	✓
Recruitment and Selection	✓	———	⊛	———	X
Plan Teaching Schedule	✓	———	✓	←———	⊛
Select Teachers (Pay - Supervise)	⊛	←———		———	✓
Plan Content	X	←——→	X	←——→	X
		←———		———→	
Instruct Trainees	⊛	———	✓	———	✓
Follow-up	X	———	X	←——→	⊛

* Primary responsibility
✓ Secondary responsibility

The whole matter of planning schedules for training programs is done on a state-wide basis so that you can use the best resources in the state. California would have to do this by regions. Selection of teachers, paying them, general supervision and so on becomes primarily the responsibility of the Division of Vocational Education in the State Department of Education. Most of the teachers have a home economics background and extensive experience in working with other organizations and agencies. They are attached to one of the area vocational-technical schools for administrative purposes, only. They may really teach in another school, hospital, or be a community resource person or technician. All agencies work closely together but assume prime responsibility for certain facets of the training program.

Suggested persons who might be of assistance in program development:

Miss Asenath Johnson
Public Health Homemaker Consultant
State Department of Health
79 Elm Street
Hartford, Connecticut 06115

Miss Gladys Grabe, Chief
Home Economics Education
State Office Building
Des Moines, Iowa

Mrs. Margaret Yoder
Assistant State Leader, Home Economics
Cooperative Extension
Iowa State University
Ames, Iowa 50010

THE CONTRIBUTION HEALTH RELATED OCCUPATIONAL PROGRAMS CAN MAKE IN THE SELECTION AND TRAINING OF HOMEMAKER-HOME HEALTH AIDES

Joan Birchenall
Supervisor
Health Occupations
Division of Vocational Education
State Department of Education
Trenton

Close communication is needed between homemaker services and schools offering training in health related occupations, for in many ways this is a health related field. There are four general areas in which health related occupational programs can contribute to the Homemaker-Home Health Aide program.

The first contribution is in the area of selection of applicants. Health related occupational programs have many applicants who do not meet the educational requirements of the job in which they are interested. Do the health education people in your area know the requirements for entrance into a Homemaker-Home Health Aide program? If they did they could be on the lookout for potential aides. The referral system works two ways when both groups have a mutual understanding of the other's program.

The area of training presents several opportunities for contributions. Much specialized classroom space operated under vocational auspices might be available for Homemaker-Home Health Aide Training. The health occupations instructor can be a valuable resource person.

MDTA centers, which provide basic education and skill training for those who are unemployed or underemployed, should be contacted about providing core programs in basic homemaking that might prepare people for Homemaker Service training.

Continuing education or in-service short courses for Homemaker-Home Health Aides are possible through the local vocational school. These short term sessions might deal with such topics as, (1) problems of childhood, (2) crib deaths, (3) accidents in the home, (4) new agencies in the community and their inter-relationships with existing agencies, etc. Facilities and resource persons are available but they need to know your needs in order to provide assistance and coordinate properly with Homemaker Service Agencies.

"MERRY-GO-ROUND" GROUPS

To provide a change of pace and to give an opportunity for an informal exchange of ideas in small groups, the workshop session for the afternoon of Friday, July 5th, was divided into seven groups with 4 or 5 people in each group. Seven participants were prepared to share "success" stories for 10 minutes and allow 5 minutes for questions and discussion. It was these resource persons who were on the "merry-go-round" and met with each group sequentially on the limited time schedule.

Resource persons selected from the participants and their topics for this session were:

Mrs. Katherine B. Lyons, Associate State Supervisor, Home Economics Education, Raleigh, North Carolina:
"Working Together Cooperatively Preparing People for Household Services"

Mrs. Alice B. Hyde, Executive Director, Visiting Homemaker-Home Health Aide Service of Nevada, Inc., Elko, Nevada.
"Homemaker Services on an Indian Reservation"

Mrs. Lillian Feldman, Executive Director, Homemaker-Home Health Aide Services of Rhode Island, Providence.
"Getting Started"

Mrs. Phyllis Whitten, Supervisor, Homemaker Aide Services, Department of Health and Welfare, Division Eye Care and Special Services, Augusta, Maine.
"Helping Families Raise Their Standard of Living"

Mr. Leon Chestang, Director of Casework Services and Team Leader, Child and Family Service, Chicago, Illinois.
"Establishing Services in Suburbs" and/or "An Inner City Proposal"

Mr. Maurice V. Morgan, Homemaker Coordinator, State of Nevada Welfare Division, Las Vegas.
"Selecting and Screening Homemaker-Home Health Aides"

Mr. Leonard D. Menard, Consultant on Homemaker Services, State Department of Social Welfare, Sacramento, California
"Helping Families Raise Their Standard of Living"

THE CHILD IN THE FAMILY

Dr. Julia Weber Gordon
Director
Office of Child and Youth Study
State Department of Education
Trenton

Physiologically, children mature through developmental stages that can be identified through depth study of psycho-motor behavior and more specifically by careful examination of the bone structure of the wrist and hands. Behavioral development in the affective domain has been identified by Eric Erikson[1] as developmental stages of Ego-Strengths. These develop in a hierarchal arrangement as the child matures in the family situation.

Trust and Hope develop during the first year of life. It is very difficult to develop this primary ego-strength if the child is not wanted. It is impossible to "spoil" a child during his first year while this basic ego-strength is developing.

Will or Autonomy or a sense of self develops at one and a half to two and a half years of age when the child starts to walk. He needs to to learn restraints at this time and yet develop a feeling of some control over his own life.

As his sense of self develops, the child moves to identifying Purpose and having Goals. This involves planning and identifying long-term goals rather than immediate rewards and develops during the 5th or 6th year of life.

As goals and purposes become identified, Competence to meet these goals develops. Competence is a function of purpose and between ages 6 - 11 the child tests his competency against other people. As an ego-strength it remains for the rest of his life.

Loyalty or Fidelity develop during the years in primary school. During this stage the child tests his competence, makes friends of the same sex, learns to give and take. This developmental stage of becoming loyal and faithful is important for all strengths which come later. He learns to do things for others and to accept graciously what is done for him.

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[1] Eric Erikson, "Ego Strengths and the Sequence of Generations," Chap. 4, Insight and Responsibility, New York, Norton Press, 1967.

Love and Care are based on loyalty and are expressed through finding joy in the growth and development of another human being. Little children cannot love. The development of this ego-strength needs maturity and occurs at the age of approximately 18 to 22 years. We cannot learn willingness to care out of the context of the family and the sequence of generations. The overlapping of generations is as important as the family in developing ego-strengths. Having reached this stage young people are now ready to bear children and give them the love they need. Caring in its mature stage does not mean being over-solicitous but involves guidance and counsel, which leads to -

Wisdom, but not the kind you can get from books. If the family situation does not provide an environment in which these ego-strengths can develop, schools can provide such an environment; but not as they are presently structured. We need family type groupings in schools rather than chronological segregation in the lock-step type of grade structure which now predominates our school systems.

If parents, through deprivation, rejection by their own parents or for other reasons, have been unable to develop their own ego-strengths, they have another chance. As they are guiding their childred through these developmental stages of ego-strengths they can be building and reinforcing their own hierarchy of ego-strengths by giving their own children the warmth and attention that they need.

COLLOQUIUM
on
TRAINING PROGRAM
CONTENT AREAS

Care and Maintenance of the Home, Mrs. Ruth Bien, R.N.

Using vignettes or case records, workshop participants were asked to outline first steps for the Homemaker-Home Health Aide who might be called in to help these families in crisis situations.

Sample vignettes, Family Group: Mrs. S and five children,
ages 2-17 years.

Type of Assistance: AFDC

The Homemaker went to the S's home with the caseworker. He introduced her to the client. They found everything in an unsanitary condition; a large wash tub overflowing with garbage, only a foot path to the outdoor toilet because weeds and grass had grown so tall. The children were unfed and their clothing ragged and dirty. Their hair was gluey and uncombed.

Mrs. S. was a very nervous person. Her son had been taken away by the Domestic Relations Court because of neglect. The Court also threatened to take all the children from this mother because neither did she keep them in school nor take good care of them. The following week the Homemaker was to take the mother and the other four children to the Domestic Relations Court at the request of the Court.

What first steps would you suggest that the Homemaker make in helping the mother get this situation under control?

What would be some long-term objectives of homemaker service in this situation?

The Ill, the Disabled and the Aging Adult, Mrs. Eone Harger, Director, Division on Aging, Department of Community Affairs, Trenton.

One of the social misnomers in our society is that we take the word "aging" to mean somebody who is disabled. Ten percent of our population is "aged". The majority of people between sixty-five and seventy-five are in institutions of any kind. While people over sixty-five are more apt to be chronically ill than those younger, they do not think of their illness as disabling.

Our greatest aging problem is not biological, but psychological. Our society has made it difficult to respect age. We are youth oriented. As a result, many myths about aging must be dissipated before we can effectively work with the aged. One myth is that older people cannot learn. In actuality, studies have shown that learning power keeps developing, even while other parts of the body deteriorate. The aged are selective in what they learn. If originally motivated, older people will retain much of what has been learned later in life. They are not apt to change their ways unless convinced that the new way is better. A second myth is that people become like children again when they get old. The aged still need to be treated with respect. For example, many don't want to be called by their first name.

People are people, regardless of age. They have the same basic needs: respect, affection, physical comfort, intellectual stimulation, and relationships with other people. One reason for physical breakdowns during old age is not being able to keep these contacts with other people. The loss of intimates begins the start of isolation. Outcomes of isolation include failure to eat properly because they are alone and lack day to day contacts with people. Community resources can be vital in combating the kind of deterioration that comes as a result of isolation.

People dealing with the aged must keep in mind that older people do have a lot of knowledge and experience; that age is a variable of time, not of illness or disability. Living into old age is really an achievement. If there is anything that deserves respect it is survival.

Food, Nutrition and Meals, Mrs. Florence Melick, Nutritionist, Middlesex Diet Counselor, State Department of Health, Trenton.

What are the Homemaker-Home Health Aide's responsibilities for food, nutrition, and meals? In addition to necessary food preparation, it is a responsibility of the Aide to help the family "continue or improve standards of nutrition". For the Homemaker-Home Health Aide to carry on the responsibilities for planning, purchasing and preparing what a family or an individual eats, there is some information she must learn about the family:

1. How much money does the family have to spend for food?
2. What are the dietary needs of the family members?
3. How does the social and cultural background affect the family's food habits?
4. What physiological, psychological, and emotional problems may affect eating habits?
5. What facilities are available for food preparation and service?
6. What are the family meal patterns.
7. What kinds of foods and amounts are used?

These questions might be answered and the family food practice appraised by observation or by interviewing. As an example, she might ask the family what was eaten during the last twenty-four hours or what and when do they usually eat. Based on the appraisal of food practices, the Homemaker-Home Health Aide will decide if she is able to assume responsibility for this family, or whether she needs the guidance of a nutrition specialist.

The Guide outlines a basic curriculum in foods and nutrition for the training of Homemaker-Home Health Aides. If time in the training program permits, information on the purchasing of food within the Family budget would be helpful. An understanding of the Food Stamp Plan, food customs of various religious and ethnic groups, and guidance for following directions for a modified diet would be beneficial. It is important too that the Homemaker know where she can get help in her locality on particular dietary problems.

Personal Care and Rehabilitation Services,* Miss Esther Gilbertson, Nursing Consultant, Medical Care Administration, Bureau of Health Services, U.S. Public Health Service.

When personal care by a home health aide was established as a reimbursable service under Health Insurance for the Aged, the Home Health Aide became an integral part of comprehensive care for the patient. Even though the greatest demand for service may come from the aging segment of the population, the service should always be considered an important aspect of the communities' response to the health needs of the total population. Furthermore, the homemaker functions continue to be a necessary adjunct to the services provided by health and social agencies.

Although there are many facets involved in planning for the use of aides and teaching personal skills, there are six areas of paramount concern. The factors overlap, but each has special significance. Instruction in personal care should be based on:

A. The historical background and statements by national organizations which have developed basic concepts of Homemaker-Home Health Aide function and use in the personal care of patients.
B. A concept and philosophy of Homemaker-Home Health Aide as a participant in the comprehensive quality care of patients in their own home.
C. Availability of supervision in personal care and orientation of those persons providing the supervision is imperative to the training program and the assignment and development of the aide as a worker.
D. Content that reflects the objectives, policies and responsibilities of the agencies that will employ the aide, the kinds of patients to be served and the availability of supervision both during training and employment.
E. Methods of teaching that are acceptable to adults, including primarily demonstration, practice and discussion.
F. And finally the evaluation of the ability and skill of the Homemaker-Home Health Aide should be in accord with the purpose of the training which is simply to prepare a person to

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* For more information on this topic see Gilbertson, E.C. Training the Homemaker-Home Health Aide in Personal Care. Arlington: Division of Medicare Care Administration, Public Health Service, U.S. Department of Health, Education, and Welfare, 1967. (Public Health Service Publication No. 1656).

work in an agency to give such personal care to patients at home as might be provided by a family member in a manner that is safe and contributes to the well-being of the patient "encouraging him to grow as self-directing as possible."

PSYCHOLOGY OF THE CULTURALLY DISADVANTAGED

Dr. Bruce W. Tuckman
Associate Professor
Graduate School of Education
Rutgers - The State University

Being culturally deprived very often means being biologically deprived; that is, being hungry, underclothed, and in need of medical and dental treatment. As a result of this and other training factors, the culturally disadvantaged person is unable to delay gratification.

To be culturally deprived very often means to have a lower score on an intelligence test. This is not to say that a culturally deprived individual has a reduced intelligence, but rather his intelligence potential is less developed than that of an individual who has not suffered cultural deprivation. Cultural deprivation produces reduced intelligence as a function of lesser cognitive, perceptual, and verbal skills.

A third characteristic which is generally produced in conditions of cultural deprivation is an absence of achievement motivation. Achievement motivation refers to the desire on the part of the individual to achieve either for the intrinsic satisfaction associated with achievement or for the rewards society metes out as a function of achievement behavior.

One fourth generalization is that cultural deprivation yields unfavorable attitudes toward self, others, and society which in turn may result in delinquent behaviors.

The implication of cultural deprivation for education is that it produces individuals with an absence of "learning to learn" capability (to borrow a phrase from Bloom, Davis, and Hess-1965). When the culturally deprived child goes through school the situation only worsens. His deficit relative to his middle class counterparts becomes cumulatively greater. The educational system tends to selectively reinforce the good students and to pay little attention, or provide less than the necessary remedial help, for the deprived students.

Let us examine specifically what the teacher can do in order to better teach culturally deprived students. First of all, the teacher should attempt to reduce the delay in reinforcement as much as possible. In a practical sense, this can be done by constantly attempting to relate the school experience to real life experiences. Another useful point would be to attempt to teach at the perceptual level as much as possible. Teach by showing, by doing, use gestures, use pictures, use diagrams, use schematics, use the chalkboard. Avoid the verbal level of reading as much as possible; but involve talking and showing to a great extent.

Try to talk to students. That is, talk in the sense of conversing. To improve the students' verbal skills they must hear words, but this must occur primarily outside of the pressures of the formal learning process. In the area of values and achievement motivation, the magic word is REWARD. The student should be rewarded frequently and punished rarely.

Finally, the all important area of attitudes is an area where a teacher can make major impressions and inroads into the problems of the culturally deprived. The teacher is a representative of society. To change attitudes of the deprived student toward himself, others, and society, the teacher must be warm, understanding, and sympathetic. In short, he must take a personal interest in the student.

Orientation to the Special Problems of the Disadvantaged - Key Discussion Questions*:

I. What are the characteristics and environmental background of socio-economically handicapped students which require changes in teacher preparation for working effectively with special needs students?

a. Language and communication skills
b. Limited environmental experiences
c. Family relationships and peer groups
d. Attitudes toward the world of work
e. Strengths which should be exploited
f. Attitudes toward authority - parents, teachers, civic leaders, employers

II. What have we learned from the occupation training programs of the past few years sponsored by DVTE, OEO, MDTA and ESEA which can be utilized and implemented on a national scale by vocational education?

a. Orientation of staff - pre-service and in-service
b. Role of counselors both in occupational guidance and personal problems
c. New ways of presenting material
d. Development of instructional material which is meaningful and appropriate
e. Separation vs. integration in terms of academic ability
f. Use of non-professionals in the learning situation
g. Visits and field trips
h. Work experience programs including work-study and on-the-job training

III. What ancillary services and community resources, including other Federal financial programs, must be tied in with program development to help these students succeed in the regular vocational education program?

a. Cooperating and coordinating with Title I of the Elementary and Secondary Education Act, adult education literacy programs, community action programs, manpower projects, work experience and training programs of the welfare agencies, private efforts in occupational training

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* DAVR Supported Summer Institutes

b. Parent participation - for their own upgrading and for working together with the vocational educators for their childrens' future

c. Necessity for using public health facilities, welfare and other social agency resources, citizen advisory groups

d. Extra-curricular activities and youth groups

COMMONALITIES IN THREE HOMEMAKING OCCUPATIONS

Dr. Irene Beavers
Associate Professor
Home Economics Education
Iowa State University
Ames

A three phase, on-going research program being conducted by the Home Economics Education Department of Iowa State University is designed to provide findings that will help to improve the quality and depth of training offered for several home-related occupations. The three occupations involved in the study are homemaker-home health aide, hotel-motel housekeeping aide, and nursing home housekeeping aide.

The first phase of the study was an analysis of the tasks of the three occupations. It was determined through questionnaires administered to Iowa employees in the three occupations that there are thirty-six tasks common to the three jobs. The tasks were further categorized into six clusters. It was found that general household tasks, household maintenance, and safety tasks were performed by employees in all three occupations.[1]

An analysis of the competencies needed to perform the common tasks forms the second part of the study. Managers and directors of the three occupational groups were surveyed to find what kinds of knowledge are needed by the employees and at what point in training the knowledge is most useful. While this study is not yet completed, the data does indicate a group of common competencies which could be the basis of training for this cluster of occupations.

The third phase of the study, to be started this year, will be an analysis of competencies needed in the tasks unique to the homemaker-home health aide. The six clusters emerging from the first phase of the study indicate that tasks in food production and personal care of ill and disabled adults were performed almost exclusively by homemaker-home health aides.

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[1] For further information see Irene Beavers and Francis Shipley, "Task Analysis in Three Home Related Occupations," American Vocational Journal, December, 1967

MENTAL HEALTH AND MENTAL ILLNESS

Grace Bell
National Center for Prevention and Control of Alcoholism
National Institute of Mental Health
Chevy Chase, Maryland

Mental health is a state or condition of relative capacity to cope with things arising in daily lives, to live comfortably with oneself and other people, and to carry out daily responsibilities. Defined in these terms, it is quite obvious the contribution homemaker service can make. This kind of assistance is needed in homes where there are stresses and uncertainties.

What kind of training in mental health is essential for homemakers? The data collected in 1966 from all homemaker services in the United States revealed that all training programs included some work with mental health. It is important that the homemaker understand that something special is required of her when she is working in a family where there is mental illness. This does not mean that the homemaker is to treat the mentally ill--the specialist will be doing that treatment. The homemaker's basic purpose is to care for the home and family. However, she must know how to operate as a member of a team; she must be ready to make observations and report back to her supervisors on the mental atmosphere of the family.

The Long Amendment to the Medicare Act allows states to include the mentally ill as a category for Medicaid assistance. If a state elects to implement Medicaid it must also provide Homemaker service as an alternate method of care. The National Institute of Mental Health strongly promotes the use of homemaker service, and works closely with The National Council For Homemaker Services.

HOME CARE PROGRAMS VIA A COMMUNITY HOSPITAL

Martin Uhlan
Administrator
Hackensack Hospital

If we believe that the private sector of our community is capable of providing a comprehensive community health service, a hospital based system is important. It is not restricted with bureaucratic regulations and provides more flexibility and more opportunity for rendering service. It allows twenty-four hour service seven days a week. It is large enough and convenient enough for direct medical communication between various staff members and between community and staff.

Health services in the Hackensack area at one time consisted of four or five agencies, including the hospital, that never got together. Two young assistants to the Administrator at the Hackensack Hospital suggested starting a Blue Cross pilot program for home care. It started at no cost, with a staff of one combination nurse/social worker. Today it has expanded into a vast, comprehensive program.

There are several reasons for this growth in community nursing services. Both a professional advisory committee and a lay advisory board were established. Doctors were convinced that this concept of "nursing without walls" was a good idea. The team relationship was established with the patient and his family from the beginning, with the home care public health nurse being introduced to the potential patient during his second day of hospital care.

Today the philosophy is that every patient with particular admitting diagnoses is a potential patient for the home health agency. The amount of time many patients spend in the hospital has been remarkably decreased by putting them on home care. Community Nursing Service at Hackensack Hospital has broadened to include maternal and child health, school health, mental health, industrial health, communicable disease control, chronic disease control, and rehabilitation. Nursing services provide the keystone in each of these areas for the expert home care team.

FAMILY SPENDING AND BUDGETING

Audrose H. Banks
N.Y. State Cooperative Extension Service
Rochester

There are as many different spending patterns as there are families. Let's begin with families earning less than $5000 a year. In a study just being completed involving Homemaker-Home Health Aides in several New York counties, it was found that many little successes were important. One homemaker reported, "I taught the mother to hem." This is not budgeting per se, but it does involve money management. It is difficult for a family unaccustomed to budgeting to do everything correctly at one time. If the homemaker can work on one area at a time, such as keeping laundry costs reasonable, one small success will breed confidence in other areas of the budget.

Use gimmicks to make your teaching of money management more interesting. Devices to help in budgeting, such as making an attractively covered box to store receipts or using the envelope system, are important. Help homemakers understand how to read newspaper ads by actually shopping for the ad "specials." Use a toy telephone for practice in etiquette if the homemaker will be making telephone calls regarding anything related to management problems of homemaking that will save time and energy.

Families must be convinced that they are making choices. Be sure to show the relationship of what is being taught to the person. For example, when a mother buys each of her six children a popsicle, she is deciding not to spend sixty cents on shoes or milk. Stress cultivating the ability to make choices and learning to say "no."

Families with more advantages than those described above can probably use printed materials. The homemaker can explain resources and the mother can follow through on her own. When you teach homemakers, cite authority, don't be authority. A family can rely on a third person or resource when you aren't there if it has been explained with, "this book says..." or "you can find out about that from..."

Remember to let your homemakers know that developing skill in spending and managing time, money and energy takes time and patience. The homemaker should be with the family when they have money--not two days later. Finally, let's not make a moral issue out of money. How we spend left over money, after the bills are paid, is personal preference.

You might find these resources helpful for:

Plans and Teaching Aids

1. Federal Extension Service, USDA, Washington, D.C. (see H-HHA Manual) Cooperative Extension home economicsts, for example: (a) New York State College of Home Economics, Cornell University (b) Iowa State University (c) University of Missouri (d) Your local office

2. Illinois Teacher of Home Economics see Vol. XI No. 1 "Consumer Education for Disadvantaged Adults", 342 Education Bldg. University of Ill., Urbana, Ill. 61801.

3. Money Management Institute; Household Finance Corporation, Prudential Plaza, Chicago, Ill. 60601 - (a) Money Management Program (b) "Mind Your Money" series

4. Women's Division, Institute of Life Insurance, 488 Madison Ave., New York, New York 10022

5. Your local Adult Basic Education Department

6. Reference list from National Committee for Education in Family Finance, 488 Madison Ave., New York, N.Y. (25¢)

Background Information

1. American Home Economics Association, 1600 Twentieth St. N.W., Washington D.C. 20009 (a) Consumer Credit in Family Financial Management see p. 117-140 Reference list p. 120 $2.00 (b) Working with Low-Income Families

2. Human Relations Aids, 104 East 25th Street, New York, N.Y. 10010 see The Many Faces of Money - Edith Neisser

3. National Center, education in family finance -- University of Wisconsin, Madison, Wisconsin 53706

4. Public Affairs Pamphlets - 381 Park Ave. South, New York, N.Y. 10016 see #412 Family Money Problems - Sidney Margolius

APPENDIX H

EVALUATION INSTRUMENTS
ATTITUDE SCALE

Your Social Security No.____________

HOMEMAKER-HOME HEALTH AIDE SERVICE

This scale has been prepared so that you can indicate how you feel about Homemaker-Home Health Aide Service. Please circle the letter on the left indicating how you feel about each statement. (SA=strongly agree, A=agree, U=undecided, D=disagree, SD=strongly disagree)

SA A U D SD 1. There should be an income level cutoff point for families desiring Homemaker-Home Health Aide Service.

SA A U D SD 2. Women over thirty years old make the best Homemakers.

SA A U D SD 3. Homemaker-Home Health Aides can be placed through other agencies (such as the State Employment Service) in addition to the Homemaker Service.

SA A U D SD 4. There is little value in attempting to train Homemaker-Home Health Aides in a classroom.

SA A U D SD 5. For unwed mothers on welfare, Homemaker Service should provide babysitters to free the mother to find gainful employment.

SA A U D SD 6. People indigenous to the socio-economic group being served make good Homemaker-Home Health Aides.

SA A U D SD 7. Home Health Aides can take over many of the duties previously done by visiting nurses.

SA A U D SD 8. Some families need both Homemaker Service and public assistance.

SA A U D SD 9. Middle class Homemakers have more native intelligence than Homemakers recruited from the lower class.

SA A U D SD 10. Trainees learn more by seeing and doing than by listening.

SA A U D SD 11. Homemaker-Home Health Aides should be women.

SA A U D SD 12. It is not unreasonable to expect that culturally deprived children will be less likely to work for far-off rewards than children from middle class homes.

SA A U D SD 13. It is more important for a Homemaker to instruct "how to" in a home than to do the job herself.

SA A U D SD 14. Tests are not a fair evaluation of what a trainee has learned.

SA A U D SD 15. Homemakers can be trained in school by taking Home Economics Related Occupations courses.

SA A U D SD 16. Homemaker-Home Health Aide Service is limited by federal legislation.

SA A U D SD 17. Culturally deprived students like a teacher who shows favoritism.

SA A U D SD 18. A capable Homemaker can step into a new family situation without briefing.

SA A U D SD 19. Preference for training as Homemaker-Home Health Aides should be given to people receiving public assistance.

SA A U D SD 20. It is a sign of poor training if a Homemaker refers problems encountered to her professional superiors.

SEMANTIC DIFFERENTIAL SCALE

Directions: Judge the capitalized word below on each of the nine scales by placing an X in one of the seven spaces on each scale close to what you consider the more appropriate adjective.

NURSE

strong _____: _____: _____: _____: _____: _____: _____ weak
(7) (6) (5) (4) (3) (2) (1)

bad _____: _____: _____: _____: _____: _____: _____ good

fast _____: _____: _____: _____: _____: _____: _____ slow

passive _____: _____: _____: _____: _____: _____: _____ active

pleasant _____: _____: _____: _____: _____: _____: _____ unpleasant

small _____: _____: _____: _____: _____: _____: _____ large

heavy _____: _____: _____: _____: _____: _____: _____ light

dull _____: _____: _____: _____: _____: _____: _____ sharp

clean _____: _____: _____: _____: _____: _____: _____ dirty

CULTURALLY DEPRIVED CHILD

strong _____: _____: _____: _____: _____: _____: _____ weak
(7) (6) (5) (4) (3) (2) (1)

bad _____: _____: _____: _____: _____: _____: _____ good

fast _____: _____: _____: _____: _____: _____: _____ slow

passive _____: _____: _____: _____: _____: _____: _____ active

pleasant _____: _____: _____: _____: _____: _____: _____ unpleasant

small _____: _____: _____: _____: _____: _____: _____ large

heavy _____: _____: _____: _____: _____: _____: _____ light

dull _____: _____: _____: _____: _____: _____: _____ sharp

clean _____: _____: _____: _____: _____: _____: _____ dirty

HEALTH AIDE

strong ____: ____: ____: ____: ____: ____: ____ weak
(7) (6) (5) (4) (3) (2) (1)

bad ____: ____: ____: ____: ____: ____: ____ good

fast ____: ____: ____: ____: ____: ____: ____ slow

passive ____: ____: ____: ____: ____: ____: ____ active

pleasant ____: ____: ____: ____: ____: ____: ____ unpleasant

small ____: ____: ____: ____: ____: ____: ____ large

heavy ____: ____: ____: ____: ____: ____: ____ light

dull ____: ____: ____: ____: ____: ____: ____ sharp

clean ____: ____: ____: ____: ____: ____: ____ dirty

MEDICARE

strong ____: ____: ____: ____: ____: ____: ____ weak
(7) (6) (5) (4) (3) (2) (1)

bad ____: ____: ____: ____: ____: ____: ____ good

fast ____: ____: ____: ____: ____: ____: ____ slow

passive ____: ____: ____: ____: ____: ____: ____ active

pleasant ____: ____: ____: ____: ____: ____: ____ unpleasant

small ____: ____: ____: ____: ____: ____: ____ large

heavy ____: ____: ____: ____: ____: ____: ____ light

dull ____: ____: ____: ____: ____: ____: ____ sharp

clean ____: ____: ____: ____: ____: ____: ____ dirty

HOMEMAKER

strong ____: ____: ____: ____: ____: ____: ____ weak
(7) (6) (5) (4) (3) (2) (1)

bad ____: ____: ____: ____: ____: ____: ____ good

fast ____: ____: ____: ____: ____: ____: ____ slow

passive ____: ____: ____: ____: ____: ____: ____ active

pleasant ____: ____: ____: ____: ____: ____: ____ unpleasant

small ____: ____: ____: ____: ____: ____: ____ large

heavy ____: ____: ____: ____: ____: ____: ____ light

dull ____: ____: ____: ____: ____: ____: ____ sharp

clean ____: ____: ____: ____: ____: ____: ____ dirty

DIETICIAN

strong ____: ____: ____: ____: ____: ____: ____ weak
(7) (6) (5) (4) (3) (2) (1)

bad ____: ____: ____: ____: ____: ____: ____ good

fast ____: ____: ____: ____: ____: ____: ____ slow

passive ____: ____: ____: ____: ____: ____: ____ active

pleasant ____: ____: ____: ____: ____: ____: ____ unpleasant

small ____: ____: ____: ____: ____: ____: ____ large

heavy ____: ____: ____: ____: ____: ____: ____ light

dull ____: ____: ____: ____: ____: ____: ____ sharp

clean ____: ____: ____: ____: ____: ____: ____ dirty

OBJECTIVE EVALUATION SCALE

1968 HOMEMAKER-HOME HEALTH AIDES WORKSHOP

Are we meeting the objectives of this workshop? Please indicate your feelings about the helpfulness of the workshop by circling one of the responses according to the following code:

VH: Very helpful
SS: So-so
NH: Not helpful

Objectives of the Workshop

VH	SS	NH	(1)	Develop plans to improve and expand programs to train homemaker-home health aides
VH	SS	NH	(2)	Demonstrate ability in using the resource guide, *A Training Program For Homemaker-Home Health Aides*
VH	SS	NH	(3)	Work more effecitvely with learners who have special needs

Objectives of the Participants

VH	SS	NH	(1)	Exchange and development of ideas
VH	SS	NH	(2)	Improvement and expansion of training program curriculum currently being used
VH	SS	NH	(3)	Ideas for the improvement of the scope of the present program of services
VH	SS	NH	(4)	Increased understanding of the programs in other areas of the country
VH	SS	NH	(5)	Clarification and better understanding of procedures for initiating a program in training Homemaker-Home Health Aides
VH	SS	NH	(6)	Improve the coordination and understanding of services provided by different professions and agencies
VH	SS	NH	(7)	Increased knowledge of evaluation techniques
VH	SS	NH	(8)	Understanding methods of implementing change
VH	SS	NH	(9)	Development and better use of resource materials

VH SS NH (10) Improving nurse aide relations

VH SS NH (11) Help in training Homemakers for special needs such as care for the aged, the chronically handicapped

VH SS NH (12) Understanding and development of the role of vocational education for teenagers in training for Homemaker-Home Health Aides

VH SS NH (13) Methods of supervising trainees during and after the initial training program

VH SS NH (14) Translation of theoretical knowledge into practical guidelines

Please support any objectives marked "Very Helpful" with one or two workshop activities that contributed toward the fulfillment of this objective.

Workshop Objective Number:

Participant Objective Number:

WORKSHOP EVALUATION GUIDE

Social Security No.______________

Check one: ______Public Agency
______Vocational Ed.
______Teacher

Please indicate your feelings about the value of the workshop by circling one of the responses according to the following code:

VM: Very Much
SS: So-so
VL: Very little

VM SS VL 1. Do you understand the role of the H-HHA?

VM SS VL 2. Could you assist in the planning and organization of a H-HHA program?

VM SS VL 3. Do you understand the various roles of the agencies in the development of H-HHA programs?

VM SS VL 4. Have you gained an understanding of the place of Vocational education in training H-HHA's?

VM SS VL 5. Do you understand the function of an advisory committee?

VM SS VL 6. Did the workshop serve to clarify your views in relation to program development or expansion?

VM SS VL 7. To what degree do you feel you had an opportunity to ask questions after each resource person?

VM SS VL 8. Was there enough time for exchange of ideas?

VM SS VL 9. Have the teaching techniques demonstrated helped to broaden your understanding of their use in training H-HHA's?

VM SS VL 10. Has the workshop provided better understanding of your contribution to H-HHA services?

VM SS VL 11. Has the workshop contributed new ideas which you can use in your specific job?

VM SS VL 12. To what degree have your ideas about the role of the disciplines in H-HHA training been clarified?

VM SS VL 13. Has the role of the high school graduate in a H-HHA program been identified?

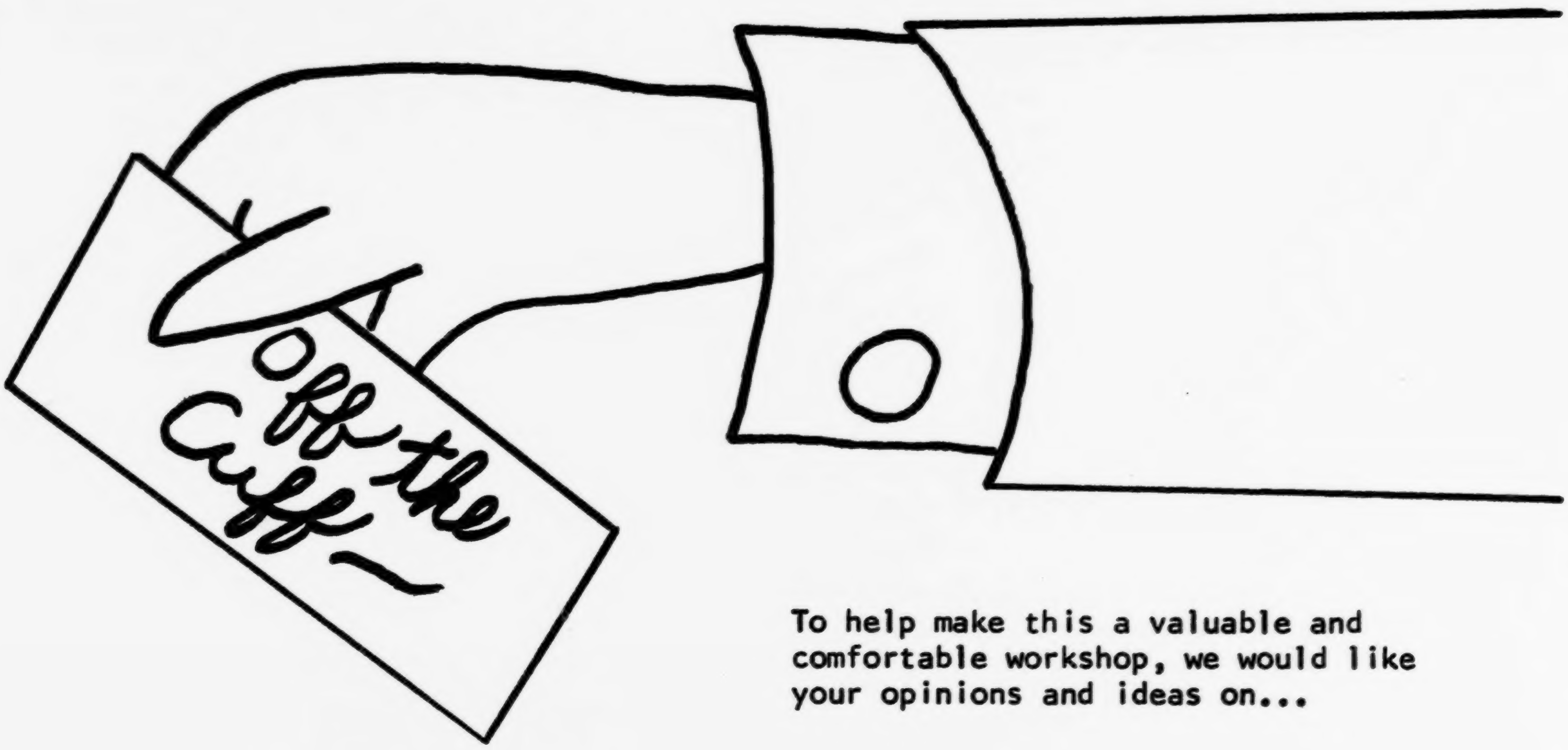
VM SS VL 14. Was there sufficient work time allotted for workshop committees?

VM SS VL 15. Has living on campus served its purpose?

VM SS VL 16. Has the food service contributed to the workshop?

VM SS VL 17. Have the living accommodations contributed to the workshop?

VM SS VL 18. Were selected resource people equally representative of the training areas for H-HHA's?


Off the Cuff—

To help make this a valuable and comfortable workshop, we would like your opinions and ideas on...

...DORMITORY FACILITIES

...MEAL TIMES AND FACILITIES

...PLANS FOR THE WORKSHOP

...PLANS FOR LEISURE TIME

APPENDIX J

PROJECTED PLANS

STATE-WIDE

Alabama: Mrs. Ruby C. Phillips, Montevallo

Projected Plans include:

1. Exploring present commitments and potential expansion for training programs for Homemaker-Home Health Aides with:
    - 1.1 State Supervisor of Home Economics Education
    - 1.2 State Director of Vocational Education
    - 1.3 Appropriate Agencies
        - 1.31 Pensions and Security
        - 1.32 State Health Department
        - 1.33 Medicare Division
        - 1.34 Social Security and State Employment Service, etc.

2. Developing a Training Guide for Homemaker-Home Health Aide programs.
    - 2.1 Survey needs
    - 2.2 Advisory Committee personnel to explore
        - 2.21 Facilities needed and where available
        - 2.22 Recruitment and public relations
        - 2.23 Plan training program and resources for clinical field experiences
        - 2.24 Advice on curriculum content
        - 2.25 Resource persons available
    - 2.3 Placement of trainees and follow-up
    - 2.4 Evaluation

Arizona: Mrs. Phyllis G. Alvey, Phoenix

Emphasis will be on training bi-lingual mothers recruited from welfare role recipients and others to fill an identified need for Spanish speaking Homemaker-Home Health Aides and Nursing Home Aides.

Projected plans include:

1. Setting up an Advisory Committee including Mexican-American members from Department of Health, Welfare and Education.
2. Evaluating Spanish version of Homemaker-Home Health Aide material to be furnished by Miss Ortez from Puerto Rico for possible inclusion or adaptation to needs in Arizona.
3. Employing a Mexican-American Home Economics teacher to teach the course content and help translate instructional materials. Employing Mexican-American nurse instructor for Personal Care Unit of training program.
4. Translating and adapting materials from the Resource Guide For Training Homemaker-Home Health Aides for a Spanish Teaching guide.

5. Working with Mexican-American news media to publicize program and recruit trainees.

6. Involving Mexican-American bilingual professionals as resource persons.

California: Mr. Leonard Menard, Sacramento

Projected Plans include:

1. Consultation with and direction from resources outside the Department of Social Welfare, such as, Health and Hospital services, Home Economics Education and the State Division of Vocational Education.

2. Involving such resource persons in four Institute programs planned for San Francisco, Sacramento, Los Angeles and Fresno (1968-69).

3. Cooperatively planning a training program to be used by staff development personnel in 58 counties.

4. Encouraging and sponsoring a higher degree of communication between various agencies at the local level, perhaps using Orange County as a pilot.

5. Continue working with the Southern California Council of Homemaker-Home Health Aides and promote interaction between the Council and leaders in Health and Vocational Education.

6. Contacting and establishing some working relationship with private agencies in California engaged in providing like or similar services.

7. Promotion of a coordinated effort with Vocational educators, Welfare agencies and State Employment Services to develop training programs geared for the hard-core unemployed and/or mothers who are recipients of aid for dependent children.

8. Utilizing resource persons from the 1968 Workshop on Program Development For Training Homemaker-Home Health Aides held at Rutgers, The State University of New Jersey, in Institutes and other efforts to promote coordination between Vocational Education, home economics related occupational programs, and the California State Department of Social Welfare in expanding training programs for trainees of all ages, sex, and aptitudes.

Hawaii: Mrs. Phyllis Chun, Honolulu

Projected Plans include:

1. Exploring with personnel in Community Colleges in Hawaii:
    1.1 Extent of interest and potential commitment in helping train Homemaker-Home Health Aides for the Department of Social Services.
    1.2 Breadth of home economics related occupational programs now being offered and prospects for future programs for training HHH Aides.

2. Investigation of the implementation of the Long Amendments to Title XIX of the Social Security Act involving extended home care to the needy aged and mentally ill in Hawaii.

3. Consulting with Public Welfare Division personnel and exploring possibilities for expansion of Homemaker-Home Health Aide services to the aged.

4. Utilizing a variety of teaching techniques learned during the 1968 Workshop in continuing inservice training for Homemaker-Home Health Aides.

Maine: Mrs. Phyllis Whitten, Augusta
Projected Plans include:

1. A proposal for administrative plans for staff lines and funds to be submitted to the State Director of Homemaker Services to expand the number of Homemaker-Home Health Aide units to seven, one in each district office of the Department. This proposal, if approved, will then be submitted to the State Legislature (Jan. 1969) for action.
2. Consultation and cooperation with the State Directors of Family Services and Child Welfare Services in re revision of the State Plan to include Homemaker-Home Health Aide services in order to qualify for Federal matching funds.
3. Initiation of plans for coordination of working relationships with (a) the State Nutrition Consultant, (b) the State Supervisor of Home Economics in the Department of Vocational Education, (c) Home Extension Agents to strengthen the inservice training programs and to expand and promote new training programs for Homemaker-Home Health Aides.
4. Development of State Manuals for Homemaker-Home Health Aide Services:
    - 4.1 Training Program Manual
    - 4.2 Policies and Procedures Manual

Minnesota: Miss Jan Templin, St. Paul
Projected Plans include:

1. Development of a comprehensive state plan for training Homemaker-Home Health Aides initiated by the State Dept. of Health by the organization of a state planning committee including representatives of the Minnesota State Departments of Health, Education, and Welfare.
2. Promotion of pre-service and inservice training programs for Homemaker-Home Health Aides in Minnesota's 26 area Vocational-Technical Schools located geographically throughout the state.
3. A program for motivating, identifying and preparing home economics teachers to assume the role of teacher-coordinators for training programs for Homemaker-Home Health Aides at both the adult and secondary levels.
4. Introduction of the above program at Fall, 1968, inservice meetings for home economics teachers throughout the State.
5. Plans for a follow-up workshop in the Summer, 1969, for prospective teachers identified by these meetings and by Supervisors in the State Department of Public Welfare and the State Department of Health.

Minnesota: Miss Dagmar H. Johnson, Minneapolis
Projected Plans include:

1. Continuing present plans to bring together representatives of health, education and welfare agencies who have broad responsibilities for state-wide promotion and guidance of Homemaker-Home Health Aide programs to discuss needs and possible directions to take to meet such needs.

2. Suggested objectives for this Steering Committee might include:

   2.1 Explore the extent and effectiveness of existing Homemaker-Home Health Aide Services in the State (40 serving approx. 70% of State population)
   2.2 Exchange concerns and potential roles in promoting Homemaker-Home Health Aide services.
   2.3 Explore contributions each agency has made, or can make to state-wide planning for needed services.
   2.4 Consider the possibility of selecting a specific geographic area in which to conduct a pilot program by means of which coordinated efforts of state, regional and local agencies could be demonstrated in the development and promotion of training programs for Homemaker-Home Health Aide services.

3. Use guidelines developed in the suggested pilot program (see above 2.4) to develop flexible, but effective methods of working together to promote HHHA services in needed areas in the state.

4. Development of a core curriculum guide to be used for further training to meet special needs of the worker in health, education and/or welfare agencies. These suggestions include long-range plans as well as immediate steps needed for long-range planning.

Nevada: Mr. Maurice V. Morgan, Las Vegas
Projected Plans include:

1. Explore with State Education Department possibility of formulating a core curriculum guide and to encourage promotion of training programs for HHH Aides throughout the State. (Clarke County School District might be cited as an effective pilot program already in action)

2. Discuss and suggest with selected and appropriate personnel that HHH Aide training programs be an accepted and regular section in the Adult Education Division for all adults. Possible suggested objectives for such programs include:

   2.1 Providing HHH Aide training for Aid to Dependent Children mothers for use in their own homes.
   2.2 Providing training for ADC mothers with skills for employment in Hotel-Motel industry, as Nursing Home Aides, and/or Homemaker-Home Health Aides
   2.3 Providing special training for ADC mothers and others for employment in Day Care Nurseries.
   2.4 Promoting employment of ADC mothers and HHH Aides as workers in Day Care Nurseries.
   2.5 Investigating means of financing the needed 50% matching funds for cost of training.

North Carolina: Mrs. Katherine B. Lyons, Raleigh
Projected Plans include:

1. Supplementing existing "Basic Guide for Housekeeping Aide Training" to include core curriculum guide for training Homemaker-Home Health Aides.

2. Contacting Mrs. Jane V. Norwood, Director, Homemaker-Home Health Services, Department of Public Welfare at State Level and coordinating content of proposed secondary core curriculum with existing training guide content being used with adults. Secondary core curriculum guide will be planned for senior high level in appropriate sequence.

3. Coordinated planning and discussion with selected personnel in State Department of Health for purposes of defining the parameters of Personal Care content which will meet the Medicare authorization of the Social Security Act (1967 Amendments) for HHH Aides.

4. Contacting representatives of the North Carolina Nurses Association for the purpose of interpreting the content of relevant sections of the training program and identifying resource persons with licensed nursing training to serve at the local level throughout the state.

5. Securing revised lists of all registered nursing homes, child care centers and hospitals and identifying those geographically located which may be used for observation field trips and/or on-the-job supervised clinical experience. Clearance to use such facilities for these purposes has already been granted at the state level.

Rhode Island: Mrs. Lillian Feldman, Providence

Projected Plans include:

1. Contacting and exploring with vocational technical educators potential sources of funding for training programs for HHH Aides through M.D.T.A., Voc-Ed., O.E.D., and other channels.

2. Contacting appropriate personnel in the State Deaprtments of Health, Education, and Welfare exploring possibilities for a cooperative intensive public relations campaign for recruitment, promotion of the use, and interpretation of the purposes of Homemaker-Home Health Aide services in local communities in the state.

3. Interpreting and promoting the need to raise the income level of HHH Aides to compete effectively with comparable entry-level employment opportunities in local communities.

4. Providing clinical and field experiences for trainees concurrent with classroom instruction as part of the training program for HHH Aides.

5. Initiating and participating in core curriculum guide planning. Also, provide a central resource center for curriculum materials in such areas as Units I, II, VII and IX of the Training Guide for HHH Aides.

Tennessee: Mrs. Margaret Crockett, Nashville

Projected Plans include:

1. Exploring and discussing the potential for training programs in Tennessee with the following personnel or their representatives.

   1.1 Assistant Commissioner of Vocational-Technical Education
   1.2 Coordinators of High School Occupational Programs

1.3 State Supervisor of Home Economics
1.4 State Supervisor of Health Occupations
1.5 Directors of Area Vocational-Technical Schools

2. Identifying purposes of such an advisory or steering committee as:

2.1 Clarifying the services rendered by Homemaker-Home Health Aide Agencies
2.2 Sharing the proceedings of the 1968 Rutgers Workshop on Program Development for Training Homemaker-Home Health Aides.
2.3 Critically analyzing a proposed plan for promoting training programs in Tennessee developed during the workshop.
2.4 Determining the feasibility of the proposed plan and adopting it on the basis of suggested changes and adaptations.

Proposed State Plan
Training Programs For Homemaker-Home Health Aides in Tennessee

1. Conference with Personnel from Division of Vocational-Technical Education in re:
    - 1.1 Program Development
    - 1.2 Teachers
    - 1.3 Facilities
    - 1.4 Financing
    - 1.5 Scheduling
2. Advisory Committee
    - 2.1 Personnel
        - 2.11 Welfare
        - 2.12 Homemakers' Service Agencies
        - 2.13 Public Health
        - 2.14 Vocational Education
        - 2.15 Visiting Nurses' Association
        - 2.16 Medical Association
        - 2.17 Medicare representative
        - 2.18 Employment Security representative
        - 2.19 Community Council
    - 2.2 Purposes
        - 2.21 Survey Needs
        - 2.22 Publicity and Public Relations
        - 2.23 Recruitment
        - 2.24 Training Guide Content
        - 2.25 Placement of Trainees
3. Orientation of Teachers for Training Programs (In-Service Teacher Education)
    - 3.1 Instruction
        - 3.11 Materials
        - 3.12 Methods
        - 3.13 Clinical and on-the-job field experiences
    - 3.2 Suggested Training Guide for Content of Program
    - 3.3 Resource Persons for specific units in the above
    - 3.4 Evaluation
    - 3.5 Placement of Trainees
    - 3.6 Follow-up

COUNTY, AREA, DISTRICT AND PARISH

Arkansas, Pulaski County: Mrs. Gertrude J. Davis, Little Rock

Projected Plans include:

1. Expanding and coordinating Homemaker-Home Health Services as a component of the Community Action Program supported by the Economic Opportunity Agency of Pulaski County, thereby bringing the full impact of these services to bear on the problems of the poor by:
    - 1.1 Developing visual aids in the form of slides and/or a film depicting Homemaker-Home Health Aides in Action for publicity and public relations purposes.
    - 1.2 Making information regarding HHH Aide Services available to appropriate community planning groups which can further and foster the program through various public relations media in the community
    - 1.3 Evaluating existing HHH Agency services and surveying needs in terms of services provided.
    - 1.4 Interpreting potential variations in HHH Aide Services in terms of already demonstrated community needs and priorities.
    - 1.5 Making efforts to recruit and train some young well adjusted women as well as men (18 yrs. and older) to serve as HHH Aides in Pulaski County Agency program.

California, Orange County: Dr. Esther Caldwell, Santa Ana

Projected Plans include:

1. Expanding present adult training program for Homemaker-Home Health Aides by:
    - 1.1 Encouraging training and certification (state) in a cluster of home economics related occupations so that trainees may have mobility in transferring from Nurses Aide to HHH Aide to Nursing Home Aide to Hotel-Motel management aide, etc., and vice versa.
    - 1.2 Cooperating more closely with existing public and private agencies for recruitment, placement and follow-up of trainees.
2. Promoting the development of additional training programs at other locations in the county based on community and home health care needs.
3. Developing materials for public relations and publicity purposes for use with the following groups:
    - 3.1 home economics supervisors
    - 3.2 home economics educators and teachers
    - 3.3 vocational-technical educators
    - 3.4 counselors
    - 3.5 public and private agencies

Louisiana, Jefferson Parish and Orleans Parish: Mrs. Leota Manion, New Orleans

Projected Plans include:

1. Reporting workshop (1968 Rutgers) proceedings to:
    - 1.1 State Director of Home Economics
    - 1.2 Director of Jefferson Parish Vocational-Technical Trade School

1.3 Advisory Board of the pilot HHH Aide training program now in progress.

2. Evaluating present pilot program in light of:

2.1 Coordination with other government agencies interested in similar purposes and community service for recruitment, training, placement and follow-up of trainees.

2.2 Use of nursing homes, hospitals and other community facilities for clinical and field experiences.

2.3 Inviting R.N.'s and other personnel from State or City Health, Welfare and other departments as resource persons to strengthen the Personal Care content area of training program.

3. Exploring the possibility of promoting cluster type home economics related occupational courses (Nurses' Aide, Child Care Aide, HHH Aide, Hotel-Motel Mgt. Aide, Nursing Home Aide, etc.) at the secondary and post-secondary levels with the following:

3.1 Director of the Jefferson Parish Vocational-Technical Trade School.

3.2 Director of Home Economics of Jefferson Parish

3.3 Director of Home Economics of Orleans Parish

4. Reviewing with Advisory Board the need for a cooperating agency to supervise HHH Aides both for homemaker services and home health care services.

5. Submitting a proposal for space and necessary equipment for training program at Jefferson Parish Vocational-Technical Trade School.

6. Strengthening present training program in content areas of (a) Personal Care, (b) Basic Nutrition, and (c) Dietary adaptations for special needs.

New York, Nassau County: Mrs. Grace S. Macarin, Mineola

Projected Plans include:

1. Recruiting or expansion of present staff of 30 homemakers to a total of 60 by January 1, 1969. Funding and budgetary line items have been allocated for this purpose.

2. Preparing a training program manual for orientation of new staff members and continuing inservice training.

3. Strengthening the present two-week training program by introducing a variety of teaching techniques and educational media.

4. Continuing to use various resource specialists for certain parts of the training program.

5. Promoting more effective public relations and publicity through news releases, feature stories, spot radio announcements and other media.

6. Redesigning and revising the cover and format of the current brochure used for public distribution and developing "The Homemaker Story" for publicity purposes.

7. Proposing the addition of trained Homemakers to the staff of two Nassau County Day Care Centers opening in September, 1968, as ancillary staff members in providing substitute mother services in a group setting. Stable, younger homemakers would be appropriate and suitable for this special service for children.

8. Establishing 24 hour service and/or Emergency Homemaker Services to meet crisis situations.

Oregon, Lane County: Mrs. Gladys Belden, Eugene

Projected Plans include attempting to inject a yeast into the heavy mixture of persons and agencies in order to stimulate some meaningful interaction, which hopefully will result in establishing services to begin to meet local and state needs by:

1. Reporting the proceedings of this workshop (1968 Rutgers) to:
    - 1.1 Lane Community College Office of Instruction
    - 1.2 County Welfare Director
    - 1.3 Family Counseling Services, Inc. (Junior League sponsored)
    - 1.4 M.D.T.A. Director and Adult Education Coordinator
    - 1.5 Home Health Agency
    - 1.6 Mental Health Division, County Health Department
    - 1.7 Office of Economic Opportunity-Community Action Program, if still functioning
2. Cooperating with any and/or all locally to promote:
    - 2.1 Survey of community needs
    - 2.2 Advisory Committee action and support
    - 2.3 Including training for HHH Aides into "Home Related Services" curriculum of Lane Community College.
    - 2.4 Recruitment, placement and follow-up of trainees.
    - 2.5 Increased library resource materials and references recommended by resource persons
    - 2.6 An effective public relations and publicity program.
3. Reporting workshop (1968 Rutgers) proceedings at State Homemaking Teachers Conference.
4. Preparing and distributing bibliography and related film list to interested secondary and adult homemaking teachers.
5. Show film "Home Fires" or present drama "To Temper The Wind"
6. Suggest or submit a proposal for a Homemaker-Home Health Aide training program as a demonstration or pilot project for home economics related occupational programs at the secondary level.

Pennsylvania, Dauphin and Lebanon Counties: Carolyn M. Kratz, Harrisburg.

Projected Plans include:

1. Improving and expanding the Homemaker-Home Health Aide training progrqm which has been operating for one year in the area Vocational-Technical School as part of a program designed to serve persons with special needs by offering training for Child Care Aides, Food Service workers, and HHH Aide services.
2. Supervising the teacher of this program in a more positive and meaningful manner by encouraging.
    - 2.1 More involvement with public and private community agencies having similar purposes.
    - 2.2 More extensive public relations and publicity regarding the program through personal contacts and other public relations media.
    - 2.3 Use of available community facilities or clinical and field experiences for on-the-job training during second year of the program.
    - 2.4 Advisory board representation from a private HHH Aide agency.

2.5 Increased use of more resource persons for specialized content areas of the training program.

3. Providing resource materials and related references for broadening present and prospective teachers' concept of HHH Aide training.

4. Continuing to develop guidelines booklet for inservice training of teachers of training programs for HHH Aide services.

South Carolina, Charleston County: Mrs. Carolyn A Shelton, Charleston

Projected Plans include:

1. Reporting on the proceedings of the workshop (1968 Rutgers) to:

1.1 Weekly meeting of county director and 10 departmental supervisors of local agency.

1.2 State staff and state legislators

2. Working cooperatively with Mrs. Portia Holmes, home economics teacher in Charleston, in promoting a training program for HHH Aides and related cluster occupations as part of the home economics program at the econdary level. Tentative plans include having pupils have experience as assistants to HHH Aides on the job.

3. Expanding supervisory services of local agency.

4. Exploring the potential service that HHH Aides can give welfare recipients in relation to the Food stamp program which became effective in Charleston County as of July 1, 1968 by:

4.1 Encouraging clients to purchase Food stamps

4.2 Strengthen pre-service and in-service training program in content areas of Food and Nutrition, Meal Management, Money management, etc.

5. Proposing a pilot program in a public housing project with emphasis on the effective use of the Food stamp program.

6. Exploring the potential of the Medicare home health care program in Charleston County.

7. Strengthening pre-service and in-service training programs with various teaching techniques and the use of educational media learned at this workshop.

8. Assisting other counties in South Carolina in expanding and strengthening HHH Aide training programs by reporting at State meeting, 1968-69.

CITIES

Arizona, Tuscon: Mrs. Georgeanne R. Fimbres

Projected Plans include:

1. Expanding and promoting more effective and broader area of service within the present structure of the 1968 pilot program for training Family Health Assistants by:

1.1 Combining efforts with VNA and Pima County Welfare agency to expand child care area and home health service area portions of the program.

1.2 Exploring feasible steps to bridge the dollar gap between clients and available services.

1.3 Expanding public information projects and publicity media of all types.
1.4 Evaluating and expanding pre-service and in-service training program content areas which may increase present 54 hour preservice program to 60 hours.

2. Reporting proceedings of workshop (1968 Rutgers) to state personnel and re-evaluating in terms of state program.

Colorado, Denver: Mrs. Leveda Dill

Projected Plans include:

1. Continuing to expand as a central agency for contracting Homemaker-Home Health Aide services with the Welfare Department, Mental Retardation, Physically handicapped and Mental Illness Health groups.

2. Expanding and strengthening existing training program by developing a training manual for HHH Aides.

3. Utilizing existing professional staff to a greater extent in both pre-service and in-service training programs.

4. Exploring various public relations and public information media to promote a higher level of rapport with the community.

5. Expanding and intensifying specific content areas of both pre-service and in-service training programs for HHH Aides.

Florida, St. Petersburg: Mrs. Marion P. Unger

Projected Plans include:

1. Reporting proceedings of workshop (1968 Rutgers) to VNA personnel, emphasizing:
   1.1 Need for consultation with directors of present Homemaker Home Health Aide training programs in Board of Education Extension schools in order to establish a working relationship for recruitment, placement and follow-up of trainees.
   1.2 Need for the VNA personnel to assist in orienting trainees to services of VNA
   1.3 Continuance of inservice orientation of staff R.N.'s to home care service potential and limitations of HHH Aides.

2. Motivating another agency (agencies) to begin training programs for HHH Aides, by:
   2.1 Exploring sources of federal and state funding.
   2.2 Coordinating efforts with and communicating possibilities to Vocational-Technical educators
   2.3 Suggesting training programs in upper and lower county areas, by;
      2.31 Offering nursing consultation and availability as resource persons.
      2.32 Acquainting new services of Florida Guide For HHH Aide Training Program approved by the Florida Department of Health

3. Suggesting County-wide service, including:
   3.1 Recruitment of young (18 yrs. and older) well adjusted men and women.
   3.2 Employment mobility ladder with continuing in-service training.

- 3.3 A dynamic county director line staff position with ability and know-how for funding and financing training programs.
- 3.4 Expanding services to include Day Care Center services and staffing of same.

Georgia, Savannah: Mrs. Emmie D. Murray

Projected Plans include:

1. Defining the needs in the Savannah-Chatham County community area by means of personal interview with:
   - 1.1 Directors of Family and Child Services
   - 1.2 Health Department personnel
   - 1.3 Office of Economic Opportunity personnel
   - 1.4 Visiting Nurse Association
   - 1.5 Others

2. If need for expanding training programs for HHH Aides is indicated, a course of study for training teacher - coordinators will be developed and an inservice training program will be conducted in the Area Vocational School, including:
   - 2.1 Materials and resources from the National Council Association, U.S. and State Departments of Health, Education and Welfare, etc.
   - 2.2 Guidance and other pertinent materials from the State Supervisor of Post-High School Home Economics Education, Miss Bertha King.
   - 2.3 Advisement and Council from the Directors of Georgia State Employment Service.
   - 2.4 Advisement and Council from a selected advisory board representing community leaders interested in and representing agencies serving community needs for help in planning:
     - 2.41 Recruitment
     - 2.42 Content of Training Program
     - 2.43 Resource Persons and materials
     - 2.44 Placement and Follow-up
     - 2.45 Evaluation of the training program
     - 2.46 Decision-making, policy setting, etc.

3. Selecting a teacher-coordinator for the training program with the following qualifications:
   - 3.1 Home Economics major
   - 3.2 Teaching and Home Management experience
   - 3.3 Knowledgeable regarding use of resource specialists in the field of health and home care.
   - 3.4 The teacher-coordinator will be paid from area Vocational funds.

4. Developing a public relations brochure for communication and recruitment purposes cooperatively between the Division of Home Economics and Family Life and the Area Vocational-Technical School, Savannah-Chatham. This brochure entitled "A Four Pronged Program For The Training of Homemaker-Home Health Aides" would outline a long range plan for offering a Pre-employment Unit (7th & 8th grades), a block plan of orientation to the world of work (8th or 9th grades), Management For Housekeeping Services (10, 11 and/or 12th grades), HHH Aide Training Program (Post High School), and Household Assistants Training Program (Adult Vocational School).

Illinois, Chicago: Mr. Leon W. Chestang

Projected Plans include:

1. Building a more accurate public image of Homemaker-Home Health Aide service and the individuals who provide it, to reflect:
    - 1.1 Increasing need for such service by the growth of the number and percentage of middle income families in our society.
    - 1.2 Increasing urbanization and mobility of the characteristic single generation nuclear family in our society.
    - 1.3 Public concern resulting in legislation authorizing federal and state funding to provide training for individuals who because they have been disadvantaged (socially, culturally, educationally) lack the academic achievements to qualify for positions requiring a high level of technical skill and/or academic ability.
2. Planning and launching a pilot program for interpreting the services offered by HHH Aides in an urban setting under the direction of Child and Family Service of Chicago.
3. Utilizing all of the major public information media for the following purposes:
    - 3.1 To familiarize the public (the average family) with the services provided by HHH Aides including:
        - 3.11 What they do
        - 3.12 When they could be called
        - 3.13 How they can be obtained
    - 3.2 To familiarize families with community agencies providing the service
    - 3.3 To stimulate communities or areas within communities who are without the service to establish it.
    - 3.4 To stimulate relevant professionals to utilize the service.
4. Enlarging employment opportunities for HHH Aides and alleviating hard core unemployment in the largest sector of unemployed and unemployable in our society.

Indiana, Terre Haute: Mrs. Mary Ann Dolken

Projected Plans include:

1. Promoting and expanding training programs and services on the basis of groundwork, survey of needs, means of funding, and placement of trainees already laid by Community Coordinating Council.
2. Utilizing and channeling information, resource materials, etc., garnered from workshop (1968 Rutgers) to appropriate personnel for determining:
    - 2.1 Standards and procedures
    - 2.2 Administrative policies
    - 2.3 Staff personnel needs
    - 2.4 Financing and funding sources
    - 2.5 Recruitment and publicity media
    - 2.6 Training program content (pre-service and in-service)

Kansas, Wichita: Martha L. Richardson

Projected Plans include:

1. Reporting proceedings of the workshop (1968 Rutgers) to Supervisor of Home Economics and Curriculum Coordinator, Wichita Public Schools.

2. Expanding and promoting training programs for Homemaker-Home Health Aides in:

   2.1 Title I programs in 5 target areas now offering clothing construction to mothers and teenage daughters.
   2.2 Vocational Education programs now offering Practical Nursing, Dental Technician, etc., training to adults. (HHH Aide training to those unable to qualify for L.P.N.'s)
   2.3 High school vocational classes in food service, clothing service, housekeeping service and child care services and, vocational block program of job training in home economics related occupations for girls with "special needs" to be placed in on-the-job training situations for one half of school day during the senior year.
   2.4 Adult education, days and evening classes.

3. Setting up an Advisory Committee with representation from community service agencies, public and private; employment services and sources; related professional resource persons, etc., for advice and counsel.

4. Planning the content of the training program.

Missouri, Kansas City: Mrs. Kathryn W. Smith

Projected Plans include:

1. Sharing proceedings of workshop (1968 Rutgers) with State Director of Home Economics, immediate supervisor of home economics, principal and counselors.

2. Consulting with Coordinator of Occupational Education concerning job opportunities for secondary students in Day Care Centers, Nursing Homes, Rest Homes, private homes and hospitals. Determine qualifications and training needed for these jobs.

3. Expanding child development and home management courses to include pre-vocational training for entry-level jobs.

4. Publicizing Homemaker Home Health Aide services program through the following media.

   4.1 Home Economics Teachers' Club
   4.2 P.T.A.
   4.3 Other clubs

5. Volunteering to serve on committee to develop training program guide for HHH Aide Services for use in home economics related occupational programs at the secondary level.

Missouri, St. Louis: Alfredia Factory

Projected Plans include:

1. Reporting proceedings of this workshop (1968 Rutgers) to the Vocational Education Coordinator, State Supervisor of Home Economics Counselors and principal and proposing that training for Homemaker Home Health Aides be added to present

program at the secondary level and/or at the adult education level.

2. Consulting with various agencies in the city who use HHH Aide services in an effort to work cooperatively and to benefit from their advice and counsel. (Possible representation on Advisory Committee)

3. Motivating high school students including the disadvantaged, under-achieving, potential drop-out to train in the job cluster including HHH Aide services as a "stepping stone" toward upward mobility in para-professional fields of employment.

4. Seeking placement of high school trainees in home economics related occupations as assistants to HHH Aides for on-the-job field experiences.

5. Volunteering as an instructor or as a resource person for training programs now in progress or being planned by public and private agencies involved in providing such training programs.

Nevada, Elko: Mrs. Alice B. Hyde

Projected Plans include:

1. Incorporating a wider variety of methods and materials into present pre-service and in-service training programs for Homemaker-Home Health Aides.

2. Developing a Training Guide that will comply with state approved curriculum outline and will contribute to a more effective training program.

*(3. Consulting with vocational home economics educators to solicit advice and counsel as well as help and cooperation in expanding and promoting more effecgive training programs for HHH Aides.)

* editorial addendum.

New Jersey, Elizabeth: Mary C. McGregor

Projected Plans include:

1. Reporting proceedings of workshop (1968 Rutgers) to Mr. John E. Dwyer, Superintendent of Schools, Elizabeth, and Miss Stephanie E. Lancius, Director, Division of Instruction, Elizabeth Public Schools.

2. With approval of above, consulting with Union County Homemaker Services, Inc., in order to:

2.1 Gain greater personal understanding of services provided and needed

2.2 Explore attitude and potential for cooperation in training program development and expansion, if need exists.

3. With local support and approval, consulting with Mr. John McGoohan, Director of Health, Housing and Welfare for the City of Elizabeth to determine:

3.1 Extent of use of HHH Aide Services by local citizens with special needs

3.2 Attitude and potential for school cooperation in training programs, if needed in the community

4. If need for program is indicated, confer with Mr. Charles Shallcross, Director of Division of Physical Welfare, Elizabeth Public Schools, regarding possibility of joint Health Education - Home Economics related occupational programs at the senior high school level.

5. If response is positive, consult with guidance department of senior high school in order to:

    5.1 Develop means and materials for interpreting proposed plans to counselors

    5.2 Promote a survey of student needs and interest in such a program.

6. Upon indication of sufficient student interest and need, consult with Dr. Myrna Crabtree, Director, Home Economics Education, State Department of Education regarding:

    6.1 Plans for cluster type home economics related occupational program development for eleventh grade students to begin, September, 1969.

    6.2. Submitting a proposal for federal-state funding as a pilot program for three years (1969, '70, '71.)

7. Planning for extension of program as a coordinated work experience as students enrolled in class progress to twelfth grade.

Ohio, Youngstown: Mrs. Gertrude Hendricks
Projected Plans include:

1. Reporting proceedings of this workshop (1968 Rutgers) to Miss Margaret McEniry, State Supervisor of Vocational Home Economics, and to the Superintendent and Director of Adult and Vocational Education of the Youngstown Public Schools, Counselors, etc.

2. Consulting with key persons such as the Executive Director of the Community Chest, Director of the V.N.A. and Director of the Mahoning County Welfare Board for advice and counsel.

3. With the approval of the Superintendent of Schools and other key school personnel, formulating an Advisory Committee for guidance and counsel.

4. Arranging for the Director of Adult and Vocational Education to invite representative personnel from the following community service agencies to a dinner meeting: (a) County, City and Parochial Schools, (b) Adult and vocational education, (c) Community Chest/United Fund, (d) V.N.A., (e) Family Services Agencies (public and private), (f) Mahoning County Welfare Board, (g) Red Cross Home Nursing Assoc., (h) County Medical Society, (i) Women's Auxiliary County Medical Society, (j) Junior League, (k) Ohio State Employment Service, (l) Youngstown Hospital Association, (m) Vocational Rehabilitation, (n) Office of Economic Opportunity, and other. Purposes: to discuss potential need for Homemaker-Home Health Aide Services and cooperative efforts that might help fill such a need, if identified, recruitment, placement and follow-up, etc.

5. Reviewing and extending present programs in action to include training for HHH Aide services

    5.1 Homemaker services program under the direction of the Department of Welfare

    5.2 M.D.T.A. training program for Home Assistants under Vocational Education

6. Encouraging Youngstown State University Dramatic Department to include in their list of American Theatre Wing Productions, the dramatization, "To Temper The Wind".

7. Preparing a proposal for a pilot training program at the secondary level as part of the Home Economics related occupational program and seek funding for 100% reimbursement from State Department of Education Vocational Division.

8. Investigating possibility of training programs in Neighborhood Centers in low income housing areas coordinating with O.E.O. programs of Family Life - Home Management classes.

Pennsylvania, Philadelphia: Sister M. Frederick Charles

Projected Plans include:

1. Coordinating interagency cooperation in recruiting and training Homemaker-Home Health Aides and, eventually involve Vocational-Technical Schools and Departments in both pre-service training and in-service programs of education.

2. Long-range plans include:
    - 2.1 Establishing a State Council of Homemaker Services
    - 2.2 Working with young (ages 19 to 25) HHH Aides.
    - 2.3 Recruiting HHH Aides from AFDC recipients
    - 2.4 Establishing a file of resource persons, references and resource materials, Home Health Agencies, etc.
    - 2.5 Initiating home economics programs for teenagers and young adults at the Pernet Family Health Service Center.
    - 2.6 Continuing development of fraternity program (adult discussion on family living) to further attempt to include the hard core poor and unemployed group.
    - 2.7 Training and using Care Aides with some of the agency's patients, to be recruited and trained by our agency or other agencies.
    - 2.8 Developing an informative comprehensive and up-to-date brochure for public relations and publicity purposes.

Virginia, Roanoke: Mrs. Martha G. Akers

Projected Plans include:

1. Reporting proceedings of this workshop (1968 Rutgers) to the Superintendent of Schools, State Supervisor of Home Economics Education Services and to the Family Service Bureau.

2. Consulting with Adult Specialist for Home Economics in relation to coordinating a training program for Homemaker-Home Health Aides with other adult classes planned for 1968-69.

3. Exploring the socio-economic groups now being served by homemaker services and evaluating needs through consultation with key personnel.

4. Re-vitalizing Homemaker Services Advisory Board for purposes of achieving effective coordination between agencies and groups, such as; (a) welfare, (b) public health, (c) medical, (d) medicare (e) potential contracting groups of HHH aide services, such as V.N.A., etc.

5. Exploring possibility of establishing employment service agency, if and where needed.

6. Up-grading and giving more depth including clinical and field experiences in present-training program.

7. Planning procedures and materials for promoting recruitment, screening, publicizing, etc. for potential trainees.

8. Exploring possibility of a "cluster" type of offering in Home Economics Related Occupational programs to provide training for "ladder" type mobility in related para-professional fields of employment.

Michigan, Lansing: Mrs. Rita Schuler Rood

Projected Plans include:

1. Reporting proceedings of workshop (1968 Rutgers) to Mrs. Barbara Gaylor, Director of Vocational Home Economics in Michigan; Mr. Russell Maples, Director of Vocational Education for Lansing Schools and the newly appointed consultant for Home Economics in Lansing.

2. If approved and funding is available, next steps may be:
    - 2.1 Survey need for HHH Aide services in the community
    - 2.2 Form a community-wide Advisory Board
    - 2.3 Decide on who will administer the program
    - 2.4 Determine contractual agencies and range of employment opportunities for HHH Aides
    - 2.5 Explore funding procedures for program and facilities
    - 2.6 Explore who will be responsible for coordinating the training program and what resource persons and community facilities are available for special content areas and/or for clinical and field experiences in on-the-job training.
    - 2.7 Survey need and interest for trainees, recruitment procedures, screening, etc.
    - 2.8 Develop Training Program Content Guides
    - 2.9 Promote public relations and publicity using appropriate media

3. Contact certified/authorized Home Health Agency in the community for:
    - 3.1 Placement and follow-up trainees
    - 3.2 Evaluation of training program

4. Long range planning for "on going" program to include in-service training for HHH Aides

5. Exploring need to motivate and give interested teachers "in-service" training to teach this type of program with B. Gaylor and staff.

Michigan, Lansing (Sexton High School): Mrs. Lois Weidbrauk

Projected Plans include:

1. Reporting proceedings of workshop (1968 Rutgers) to State and City Directors of Vocational Home Economics.

2. Continue serving as a member of the curriculum advisory board for occupational training.

3. Suggesting applicable areas of HHH aide training program that have commonalities be included in the secondary occupational training cluster (Hotel-Motel Mgt., Housekeeping Aides, Nursing Home Aides, etc.)

4. Identifying and planning for resource persons and materials for classroom use in training and informing students of available employment through the appropriate agencies.

5. Expanding Family Living curriculum to include use of community services and agencies when families face crisis situations.

6. Including in Home Management the management of resources for low income families, disadvantaged or disabled individuals and/or families in crisis situations.

7. Consulting with representatives of the Advisory Board and other community agencies for the purpose of interpreting the scope of HHH Aide training program.

8. Developing a skeleton plan and flow-chart depicting concepts and learnings relevant to HHH Aide training and their place in the overall occupational curriculum.

Wisconsin, Appleton: Mrs. Ellen J. Goolsbey

Projected Plans include:

1. Reporting proceedings of workshop (1968 Rutgers) to (a) State home economics supervisors, (b) Director of Women's activities of local Y.M.C.A., (c) local vocational coordinator and area home economics teachers, (d) state-wide conference for cooperative vocational coordinators and instructors (August, 1968)

2. Exploring training programs for related Health Occupations and Homemaker's Services now in action.

3. Consulting with personnel representing appropriate groups and agencies and vocational-technical educators to survey need for training programs for HHH Aides and employment opportunities.

4. If need exists, volunteering assistance and potential aid in organizing a pilot training program involving recruitment, content of program, placement and follow-up, evaluation, etc.

5. Investigating the possibility of developing a "cluster" type home economics related occupations and health related occupations training program to provide "ladder" type training for mobility in these related para-professional fields. This might be the pilot program suggested above (4).

SCHOOL PROGRAMS

Massachusetts, Fall River, (Diman Vocational High School): Mrs. Eugenia Haponik

Projected Plans include:

1. Reporting proceedings of workshop (1968 Rutgers) to Director and other interested and appropriate school personnel.

2. With the Director's approval, promoting a modified HHH Aide training program that will fit into the Girls' Vocational High School Curriculum with special emphasis for pupils with special needs, which would entail:

   2.1 Surveying community need and potential employment opportunities
   2.2 Surveying student needs and interests, recruiting, screening, etc.
   2.3 Coordination of teaching staff and content for training programs
   2.4 Consulting with Advisory Board for:
      2.41 Exploring the potential of the program
      2.42 Evaluation of resources for field experiences and on-the-job training resources available in the community, other advice and counsel.

2.43 Availability of funds for facilities, staff, etc.

All projected plans are subject to approval of the Director and appropriate school personnel.

New Jersey, Newark: Barbara Saunders

Projected Plans include:

1. Initiating a training program for HHH Aides as part of the adult evening school program.

2. Consulting with representatives of appropriate agencies to determine needs and placement opportunities.

3. Surveying community for interested and needy potential trainees.

4. Developing criteria for selecting and screening applicants and/or potential trainees.

5. Developing content of a training program appropriate to the services rendered by the employing agency and the degree of supervision available both during training and employment.

6. Projecting plans for on-the-job training experience and supervision of employment performance and service records. Also, in-service training provided as indicated by evaluation of performance.

7. Promoting a public relations and publicity campaign to include:

7.1 Dramatic presentation of "To Temper The Wind"
7.2 Local Newspaper items
7.3 Brochures to interest and inform community agencies and services including medical society, V.N.A., et al.

Puerto Rico, Hato Rey: Mrs. Anna Sonia Torres Ortiz

Projected Plans include:

1. Promoting coordination between the Department of Health and Home Economics educators in participating more fully in training programs for HHH Aides.

2. Communicating and consulting with public and private agencies and institutions serving the aged in regard to need for trained personnel

3. Promoting interest with fellow teachers and the community in general by reporting proceedings of this workshop (1968 Rutgers)

4. Visiting the experimental HHH Aide training program in action now in Puerto Rico and explore:

4.1 Need for HHH Aide services
4.2 Plans for communicating potential vocational (home economics related occupational) programs to fellow professionals, other agencies and appropriate community groups.
4.3 Ways of filling the gap between known needs and potential for contribution by vocational education programs through coordinated efforts.

South Carolina, Charleston, (Burke High School): Mrs. Portia Taylor Holmes

Projected Plans include:

1. Reporting proceedings of this workshop (1968 Rutgers) to supervisors and obtain approval to work with Mrs. Shelton (workshop participant from Charleston County Health Department) in surveying community public and private agencies to apprise ourselves of the number and extent to which training programs for HHH Aides are now in action.

2. Surveying to determine needs and employment opportunities in the area for workers where homemaking-home health knowledge and skills might be required.

3. Depending on need, initiate a meeting of representative personnel from community and educational agencies to form an Advisory Council for training programs for Homemaker-Home Health Aides.

4. Consulting with supervisors and guidance counselors concerning recruitment and screening of potential trainees (students) for such a program.

5. Volunteering to assist with initiating a home economics related occupational training program for a cluster of related entry-level jobs in the health and homemaking occupations field (HHH Aides, Nursing Home Aides, Health Aides, Hotel-Motel mgt. Aides, etc.).*

*editorial addendum.

APPENDIX K

FOLLOW UP LETTER AND FORM

RUTGERS • THE STATE UNIVERSITY

DOUGLASS COLLEGE NEW BRUNSWICK, NEW JERSEY

November 25, 1968

To: Participants in the 1968 Workshop on Program Development For Training Homemaker-Home Health Aides, held on Douglass Campus, Rutgers - The State University, New Brunswick, New Jersey, July 1 - 12, 1968.

From: Mrs. Marie P. Meyer, Director

As an integral part of the 1968 Rutgers Workshop on Program Development for Training Homemaker-Home Health Aides, a January follow-up and evaluation of progress in carrying out projected plans as submitted at the close of the workshop was planned in terms of the objectives of the two-week experience on our campus.

Will you please submit by January 15, 1969, a detailed report as to progress made on your projected plans in terms of the following, where applicable:

Objective 1. Improvement and expansion of programs to train homemaker-home health aides.
  1.1 Contacts made for the purpose of investigating need and/or coordinating efforts for promoting training programs for Homemaker-Home Health Aides. These may include:
    1.11 Local community, regional or state personnel interested in public health, public welfare or social rehabilitation, vocational-technical educators, and others
    1.12 Directors of Homemaker services, Health Aide services and/or public health services at the local, regional or state level
  1.2 Number of training programs initiated, expanded or planned indicating:
    1.21 Cooperating agencies
    1.22 Advisory group personnel
    1.23 Number of trainees, if programs are in progress, completed or planned to this extent
  1.3 Publicity and/or promotional activities in relation to Homemaker-Home Health Aide training programs and/or services.

Objective 2. Use of the resource guide, A Training Program For Homemaker-Home Health Aides, in:
  2.1 Planning new training programs
  2.2 Development and/or expansion of local training programs in action
  2.3 Developing local, regional or state training program guides.

Other progress

The above are suggestions for a narrative report which may be and hopefully will be brief but inclusive of all progress which you feel you have made.

Please fill in the following as accurately as possible, where applicable, and attach to your narrative report.

Return both by January 15, 1969 to:

Mrs. Marie P. Meyer, Director
Workshop on Training Homemaker-Home Health Aides
225 Davison Hall, Douglass College
New Brunswick, New Jersey 08903

Name:______________________________ Date:______________

Position:______________________________

Address:______________________________

____

______ 1. Number of contacts made in effort to promote training programs for Homemaker-Home Health Aides.

2. Names and positions or affiliation of contacts.

Number of training programs for HHH Aides

______ 3. Initiated through your efforts or promotion

______ 4. Expanded through your efforts and contacts

______ 5. Planned or proposed for the near future

6. Other expansion or promotion through your influence. (Explain)

______ Number of persons or groups with whom you have shared the resource guide, A Training Program For Homemaker-Home Health Aides.

For what purposes: (Explain)

APPENDIX L

REFERENCES AND RESOURCE MATERIALS

PARTICIPANT PACKET

1. National Council for Homemaker's Service, Inc.
1740 Broadway
New York, New York 10019

Homemaker-Home Health Aides...Training Manual. (1967)
Standards for Homemaker-Home Health Aide Services. (1965)
Doscher, Virginia R. *Report of the 1964 National Conference on Homemaker Services*. (1964)
Hart, Evelyn. *Report of 1967 Forum on Homemaker-Home Health Aide Service*. (1967)
Selected Publications Sheet.
Forum-1968. *Papers*.
Fifth Annual Report. *1967 - Year of Decision*. (1968)

2. American Medical Association
Department of Health Care Services
535 N. Dearborn Street
Chicago, Illinois 60610

Homemaker-Home Health Aide Bulletin. Vol. IX, No. 3 (May/June 1968). Published by the American Medical Association in co-operation with the National Council for Homemaker Services.

3. Public Affairs Pamphlets
381 Park Avenue, South
New York, New York

Hart, Evelyn. *Homemaker Services...for Families and Individuals*. (1965)

4. Superintendent of Documents
Government Printing Office
Washington, D. C. 20402

Morlock, Maud. *Homemaker Services - History and Bibliography*. Children's Bureau folder #410-1964.
Homemaker Service - How It Helps Children. Children's Bureau folder #443-1967.
Developing and Extending Homemaker Services for Children and Their Families in Public Welfare.

5. National Dairy Council
Chicago, Illinois 60606

"It all Depends on You!," 1966
"Many Happy Returns - To the Forties, Fifties, Sixties and Over," 1955.

"Your Guide To Good Eating and How to Use It," 1961.
"Health Education Material: 1966."

6. U.S. Department of Health, Education and Welfare
Social Security Administration
39 Broadway
New York, New York

Your Medicare Handbook, 1968.
Home Health Agency Manual (and Revisions #1-7_, 1966.
Conditions of Participation; *Extended Care Facilities - Regulations*, 1968.
Extended Care Facility Manual, 1968.
Conditions of Participation For Home Health Agencies, 1966.

7. N. J. Department of Education
Division of Vocational Education
Trenton, New Jersey

Developing Human Resources, 1967.

8. U.S. Department of Health, Education and Welfare
Public Health Service
Division of Medical Care Administration
Washington, D.C. 20201

Guide For Development and Administration of Co-ordinated Home Care Programs. Public Health Service Publication No. 1579 - December 1966.
Sister M. Aileen, OSF. *Home Care in Honolulu*. Reprinted from *Hospital Progress*, Vol. 48, March 1967, pp. 96-196.
White, Dorothy Watts. *A Community-Based Home Care Program*. Reprinted from *Hospitals* - Journal of the American Hospital Association, Vol. 37, February 1 and 16, 1963.
Home Care...What It Is. Public Health Service Publication No. 1655.
Changing Patterns in Home Care. Public Health Service Publication No. 1657.
Planning For Home Health Services.
Portraits in Community Health. Public Health Service Publication No. 1344-1.
Report of Conference on Personal Care in Homemaker Services.
The Physician Speaks on Home Care. Public Health Service Publication No. 1654.
Inquiry. "Home Care." Blue Cross Association, Vol. IV, No. 3, October 1967.
Development and Use of Home-Care Services. Reprinted from Journal of American Medical Association, Vol. 197, No. 2, July 11, 1966.

REFERENCES AND RESOURCE MATERIALS

"Adult Education: Preparation For Employment." Illinois Teacher of Home Economics, Vol. VIII, No. 5 (1964-65). University of Illinois, 342 Education Building, Urbana, Illinois.

Alvey, Phyllis G. Development of Family Health Assistant Program. Arizona State University.

Andrews, Richard L. and O'Hare, Thomas J. Improvement of Educational Opportunities For The Disadvantaged. Washington: U.S. Office of Education, Bureau of Research, December 1966. (Discussion Paper).

"A New Dimension in Home Economics Education." Illinois Teacher of Home Economics, Vol. VIII, No. 1 (1964-65). University of Illinois, 342 Education Building, Urbana, Illinois.

A Sourcebook on Food Practices. Chicago: National Dairy Council, 1968.

A Time To Listen...A Time To Act. Washington: U.S. Commission on Civil Rights, 1967. (U.S. Government Printing Office: 1967 0-277-917)

A Unit of Learning About Homemaker-Home Health Aide Service - Teacher's Source Book. New York: National Council for Homemaker Services, Inc. and Council on Social Work Education, 1968.

Bell, Grace W. Homemaker-Home Health Aide Service in the United States - Report of 1966 Survey. Washington: U.S. Department of Health, Education and Welfare, April 1968. (For internal use only, pending publication)

Bloom, Benjamin S. (ed.). Research Problems of Education and Cultural Deprivation. Chicago: University of Chicago, 1967.

Braddock, Clayton. "Suburbia Takes A Cue From The Slums." American Education, February 1968. (Superintendent of Documents, U.S. Government Printing Office, Washington, D.C.)

Caplovitz, David. The Poor Pay More. New York: The Free Press, 1967.

Davis, Martha J. "Homemakers and Preventative Welfare." Cleveland, Ohio: Cuyahoga County Welfare Department, June 1968. (speech delivered to 59th Annual Meeting, American Home Economics Association).

Development And Utilization of Home Health Aide Services in the Community. New York: American Nurses Association, 1967.

Drawbaugh, Charles C. *Six Selected Instructional Aids For Teachers of Agriculture*. New Brunswick, New Jersey: Rutgers - The State University, 1967.

"Education In Illinois For Gainful Occupations Related to Home Economics." *Illinois Teacher of Home Economics*, Vol. VIII, No. 3 (1964-65). University of Illinois, 342 Education Building, Urbana, Illinois.

Edwards, Mabel I. *Selected annotated Bibliography: Home Care Services of the Chronically Ill and Aged*. Iowa City, Iowa: University of Iowa, 1967.

Enloe, Cortez F. Jr. "Are We Well Fed? Who Knows?" *Nutrition Today*, Vol. III, No. 1 (March 1968), p. 11.

Fact Sheet on Trends In Educational Attainment of Women. Washington: Department of Labor, April 1968.

"Film Preview Fact Sheet." American Home Economics Association, 59th Annual Meeting, Minneapolis, Minnesota, June 1968.

Food For Families - Suggestions For Trainer Agents. Washington: U.S. Department of Agriculture, September 1966. (U.S. Government Printing Office, 0-222-672). Includes the following leaflets:- issued in August 1966: Bread and Cereals, Milk, Four Food Groups in Meals, Meat Group, Fruits and Vegetables, What Food Means to People, and Family Food Guide.

Freeman, Lucy. *Children Who Never Had A Chance*. New York: Public Affairs Committee, 1952.

"Further Exploration in Employment Education in Home Economics." *Illinois Teacher of Home Economics*, Vol. VIII, No. 6 (1964-65). University of Illinois, 342 Education Building, Urbana, Illinois.

Hastings, Geraldine and Schultz, Ann. *Techniques for Effective Teaching*. Washington: National Education Association, 1963.

Hawver, Carl F. *A One Week Teaching Unit on Consumer Finance*. Washington: National Consumer Finance Association.

Health Education Materials. Chicago: National Dairy Council, May 1968.

HFC's Money Management Program. Chicago: Household Finance Corporation. (leaflet)

Homemaker-Home Health Aide Service in Home Care Programs. New York: National Council for Homemaker Services, Inc., 1967.

Homemaker Services For The Aged In North Carolina - Information Bulletin No. 30. Raleigh, North Carolina: North Carolina State Board of Public Welfare.

How To Operate A Community Homemaker Service. Chicago: American Medical Association, 1963.

How To Plan A Community Homemaker Service. Chicago: American Medical Association, 1965.

Huitt, Ralph K. *Finding Legislative Solutions To Family Problems*. Washington: U.S. Department of Health, Education and Welfare, 1968. (speech delivered to American Home Economics Association, 59th Annual Meeting, Minneapolis, Minnesota, June 27, 1968).

"Hung on LSD...Stuck on Glue." Reprinted from *American Education*. Washington: U.S. Government Printing Office, February 1968.

Jeffers, Camille. *Living Poor*. Ann Arbor, Michigan: Ann Arbor Publishers, 1967.

Kemp, Barbara H. *The Youth We Haven't Served*. Washington: U.S. Department of Health, Education and Welfare, Office of Education, 1966. (Supt'd of Documents, U.S. Government Printing Office - Catalog No. FS5.280:80038, Washington, D.C. 20402) (25 cents)

Keyserling, Mary Dublin. *Poverty In A Land Of Affluence - What Can Be Done*. Washington: U.S. Department of Labor, May 1968.

Kit of Publicity Materials. New York: National Council for Homemaker Service, Inc.

Kupsinel, Penelope Easton. *Home Economics Related Occupations*. Danville, Illinois: The Interstate Printers and Publishers, Inc., 1967.

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Making The Most of Your Money. New York: Institute of Life Insurance, 1967.

Mallory, Berenice (Dr.). *Auxilliary Workers - Key to Enlarging Our Potential*. Washington: U.S. Department of Health, Education and Welfare, 1968. (speech delivered to American Home Economics Association, Minneapolis, Minnesota, June 26, 1968.)

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Suggested Basic Orientation for Homemakers and Home Health Aides - Guide for Instructors. Hartford, Connecticut: Connecticut State Department of Health, February 1967.

Teaching Teachers To Teach The Dis-advantaged - Study of Attitude Change. Washington: U.S. Department of Health, Education and Welfare, Office of Education, Division of Compensatory Education, 1968.

The Center for Vocational and Technical Education - The Ohio State University. *Implications of Women's Work Patterns For Program Development in Vocational and Technical Education*. Columbus, Ohio: The Ohio State University, 1967.

The Center for Vocational and Technical Education - The Ohio State University. *Implications of Women's Work Patterns For* Vocational and Technical Education - An Annotated Bibliography. Columbus, Ohio: The Ohio State University, 1967.

"The Home Nursing Story." American National Red Cross.

The National Foundation - March of Dimes, New York, New York. Pamphlets: Protecting the Infant, Birth Defects, Birth Defects - Questions and Answers, Which One?, Happy Birth Day, Genes in Families and in Populations, Biochemical Genetics in Man, Birth Defects - Facts and Figures, Genetics - Drugs and Chromosomes, Medical Genetics, Chemistry-Chromosomes-Congenital Anomalies, 21 Chromosomes-Down's Syndrome, Be Good To Your Baby Before It Is Born, Publications-Films-Exhibits, Every Child's Birthright, Travel Time-9 Months.

Tuckman, Bruce W. and John L. O'Brian. *Preparing To Teach The Disadvantaged*. New York: The Free Press, 1969.

U.S. Department of Health, Education and Welfare. *Equality of Educational Opportunity*. Washington: U.S. Government Printing Office, 1966.

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Whitmarsh, Ruth E. *An Exploratory Study of Knowledges in Child Development and Guidance Needed by Mothers and Workers In Occupations Related to Child Care*. Urbana, Illinois: University of Illinoss, 1966.

Why Women Work. Washington: U.S. Department of Labor, May 1968.

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Women in Poverty - Jobs and the Need For Jobs. Washington: U.S. Department of Labor, Wage and Labor Standards Administration, Women's Bureau, 1967.

Wood, Mildred Weigley (consultant). Management Problems of Homemakers Employed Outside the Home. Washington: U.S. Department of Health, Education and Welfare, 1962. (Supt'd of Documents - Catalog No. FS5.283-83009, U.S. Government Printing Office, Washington, D.C.) (65 cents).

FILMS AND FILMSTRIPS

Dressing By Design. Five short courses on the use of color in cosmetics, clothing, fabrics, and home furnishings have been developed by home advisors of the University of California's Family and Consumer Sciences program. Each set is $2.50 and may be ordered from the American Home Economics Association, 1600 Twentieth Street, N.W., Washington, D.C. 20009. The five classroom-oriented films may be rented from the University of California Extension Media Center, 2223 Fulton Street, Berkeley, California 94720. Half-hour versions of the programs, suitable for television use, are available from Cooperative Extension Service Offices.

Expanding Horizons--Opportunities Unlimited. This film shows home economists in action, with all areas of the profession being considered in this 25 minute, 16mm, sound, color film. It is produced by the California Home Economics Association in cooperation with the Dairy Council of California and is available free of charge from offices of the Dairy Council of California.

For Better, For Worse. This film examines the special problems encountered in early marriages, such as economic, educational, emotional, vocational, and the use of marriage as an escape from parental conflicts. A study guide accompanies the film. The 25 minute, black and white film may be rented for $8 from the Television, Radio, and Family Commission, The Methodist Church, 1525 McGavock Street, Nashville, Tennessee 37203.

Hands of Action. This 40 minute color film depicts recommended procedures for handling emergency health care situations. The 16mm optical sound film is available on a free loan basis from the Public Health Service, U.S. Department of Health, Education, and Welfare, Washington, D.C. 20201, and from other state departments of health.

Home Economics in the Modern University. The need for specialists who are concerned with the family, the individual, and the consumer is depicted in this 16mm film from the New York State College of Home Economics at Cornell University. The 22 minute film with sound and color is available free on loan from the Film Library, Roberts Hall, New York State College of Home Economics, Cornell University, Ithaca, N.Y. 14850. A 13 1/2-minute version is available for television presentation.

3

Homefires. The story of Homemaker Service is presented in this 28 minute film portraying the Homemaker as a combination cook, baby sitter, cleaning woman, and social worker providing help to families in crisis. The 16mm black and white film sells for $150 and may be rented for $7.50 from International Film Bureau Inc., 332 S. Michigan Avenue, Chicago, Illinois 60604. Attention: Donald Gunn.

Janet and the Genie. Viewers are transported, via this 28 1/2 minute, color, sound film, to meat packing, poultry processing, apple packing, egg grading, and dairy plants. To purchase, or to preview to purchase, contact Motion Picture Service, Office of Information, USDA, Washington, D.C. 20250. The price is $80. Prints are available on free loan from the Land-Grant University Film Library in each state.

Mark of Quality. The meaning of the USDA shield that appears on meat is explained. The film, in color and requiring 13 1/2 minutes, was prepared by the USDA's Consumer and Marketing Service. It is available free on loan from film libraries at most state agricultural universitities and for loan or purchase from Motion Picture Services, Office of Information, U.S. Department of Agriculture, Washington, D.C. 20250.

Race to Revolution. This 20 minute slide presentation was developed by Daniel E. Conrad, a high school teacher, to identify obstacles faced by the hardcore unemployed which those working with such persons must recognize. For further information contact Mr. Daniel E. Conrad, 86 Elmo Park, Hopkins, Minnesota.

Teaching The Disadvantaged. The environment of the disadvantaged is viewed through the eyes of the disadvantaged child in this 52-frame color filmstrip, which with accompanying record and presentation guide, is available for $8 from the National Education Association, 1201 Sixteenth Street, N.W., Washington, D.C. 20036.

The Health Fraud Racket. This 28-minute color film from the Food and Drug Administration tells how to distinguish between legitimate and fraudulent products and what can be done once quackery is identified. The 16mm film is available on free loan from Films, Office of the Assistant Commissioner for Education and Information, Food and Drug Administration, Washington, D.C. 20204.

The Mind Benders. This documentary film from the U.S. Food and Drug Administration tells the story of LSD and other hallucinogenic drugs. The 25 minute, 16mm sound film is available free on short term loan from National Medical Audiovisual Center (Annex), Chamblee, Georgia 30005, Attention: Distribution.

The Owl Who Gave A Hoot. Cartoon animals depict the many problems faced by low-income consumers. This is available as a 14 minute color, sound 16mm film or as a filmstrip. It is free on loan in English or Spanish from the Sponsor Service Desk, Modern Talking Picture Service, Inc., 1212 Avenue of the Americas, New York, N.Y.

Toward The Victory of Health. Historical facts about the science of nutrition and the work being done by dietitians and nutritionists today are told in this 16mm color film - 14 1/2 minutes long. This film is available on free loan from Modern Talking Picture Service, Inc., 1212 Avenue of the Americas, New York, N.Y. 10036, or can be purchased for $75 from the American Dietetic Association, 620 North Michigan Avenue, Chicago, Illinois 60611.

USA: Seeds of Change. The Gift of Choice. These are two films in the Population Problem series depicting the conditions in several societies with uncontrolled population growth. Each film is 30 minutes, 16mm, black and white. Rentals are $5.40; sales are $125. Address orders to NET Film Service, Indiana University, Audio-Visual Center, Bloomington, Indiana 47401.

While I Run This Race. The Office of Economic Opportunity announces availability of this new film depicting the efforts of VISTA volunteers in two settings in Arizona. The 28 minute film, in color, is available on order from Sterling Movies, Inc., 43 West 61st Street, New York, N.Y. 10023. There is no charge for its rental.

The following films can be rented or borrowed from your nearest educational film source or to purchase, write to exclusive distributor:

International Film Bureau Inc.
332 South Michigan Avenue
Chicago, Illinois 60604.

Full Circle...shows how work adjustment can be effectively used in treating the mentally ill. 27 minutes. Sale $150.

Bold New Approach...the first definitive film on Comprehensive Community Mental Health Center's concept, stressing continuity of care. 55 minutes. Sale $195.

Children of Change...dramatizes stresses and strains on children whose mothers work outside the home. 31 minutes. Sale $150.

Head of the House...community resources aid boy and parents through adolescent troubles. 37 minutes. Sale $110.

Kid Brother...emotional problems of adolescence, illustrating futility of trying to solve them by a form of self-destruction. 27 minutes. Sale $145.

Roots of Happiness...role of father in building and maintaining happy family environment. 25 minutes. Sale $115.

Broken Appointment...a public health nurse realizes importance of emotional aspects of her work. 30 minutes. Sale $125.

A Family Affair...a family caseworker brings about a family's understanding of its strained relationships. 31 minutes. Sale $125.

Home Again...anxiety of a mother recuperating from heart ailment who has greater fear of failing family than of death. 35 minutes. Sale $145.

Homefires...the responsibilities, duties, opportunities, and staff relationships of the Homemaker-Home Health Aide. 28 minutes. Sale $150.

Man to Man...psychiatric aide realizes importance of his relationship with patients as important factor in their recovery. 30 minutes. Sale $125.

The Rights of Age...protective services for the aging are shown in action, aiding people who need physical, psychological or legal assistance. 28 minutes. Sale $150.

END
DEPT. OF HEALTH
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